



University of Chester

**This work has been submitted to ChesterRep – the University of Chester’s
online research repository**

<http://chesterrep.openrepository.com>

Author(s): Kepa Artaraz; Miranda Thurston

Title: Evaluation of the Branches project: A family support service in Halton

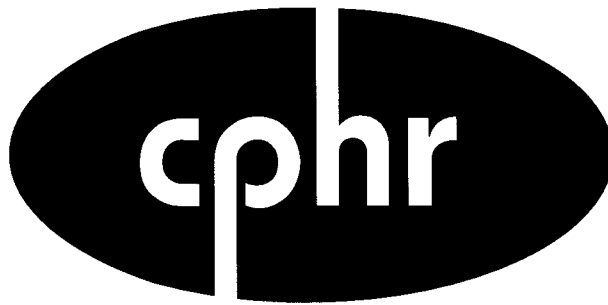
Date: July 2005

Originally published in:

Example citation: Artzraz, K., & Thurston, M. (2005). *Evaluation of the Branches project: A family support service in Halton*. Chester: University College Chester

Version of item: Published version

Available at: <http://hdl.handle.net/10034/68422>



Evaluation of the Branches Project A Family Support Service in Halton

**Kepa Artaraz
Miranda Thurston**

July 2005

↑
OVERSIZE
↓

362.
709
427
18
ART

cphr
Centre for
Public
Health
Research



UNIVERSITY COL
CHESTER

Acknowledgements

There are a number of people we would like to thank for their help with this project. We would particularly like to thank the following:

- all of the professionals from the Branches Project who took part in this study, sharing their views with the researchers and arranging interviews with service users;
- all the members of Halton Children's Fund Management Board, for their advice and help. In particular, we would like to thank Pauline Ruth and Nikki Brookes for their support and good humoured responses to our many questions and requests for help over the course of the last six months.

This study was commissioned and funded by Halton Children's Fund.

Table of contents

	Page
Acknowledgements	i
Table of contents	ii
List of figures	iv
List of tables	v
Summary	vi
Chapter 1	Introduction
1.1	Background to the study 1
1.2	Aims and objectives 1
1.3	Structure of the report 1
Chapter 2	Literature review 3
2.1	Parenting 3
2.2	Factors affecting parenting 3
2.3	Family support services 6
2.4	What works in family support? 7
2.5	Outcomes and mechanisms 9
Chapter 3	Study design and methodology 11
3.1	Study design 11
3.1.1	Branches Project service process 11
3.1.2	Families' experiences of using the Branches Project 11
3.1.3	Understanding interventions 12
3.1.4	Understanding impact 12
3.2	Methodological principles 12
3.3	Data gathering methods 15
3.3.1	Primary sources 15
3.3.2	Secondary sources 15
3.4	Research ethics 16
Chapter 4	The Branches Project: findings about the service 17
4.1	Background to the development of the Branches Project 17
4.2	Description of the Branches Project 18
4.3	The Branches Project process 19
4.4	Geographical level findings 26
4.5	Some explanations for 'process leakage' 30
Chapter 5	Needs, interventions and outcomes 36
5.1	Introduction 36
5.2	Unravelling the needs of families in distress 36
5.2.1	Aggression 36
5.2.2	Argumentative, showing oppositional behaviour 37
5.2.3	Children who were distracted and unable to concentrate 37
5.2.4	Showing reckless behaviour 38
5.2.5	Consequences for parents 39
5.3	Interventions 41
5.3.1	Group activities 42

5.3.2	Individual home visits	43
5.4	The outcomes	45
5.4.1	Overall states of well-being	46
5.4.2	Individual gains	47
Chapter 6	Discussion	52
6.1	The evidence	52
6.2	The Branches Project	52
6.3	Families' needs	53
6.4	The interventions	54
6.5	Outcomes and distance travelled	55
6.6	Conclusions	56
References		58
Appendix 1	Interview schedule 1: Branches Project workers	61
Appendix 2	Interview schedule 2: Branches Project users	65
Appendix 3	Branches Project needs, interventions, outcomes framework	68

List of figures

		Page
Figure 2.2.1	Factors affecting the child and the family	6
Figure 4.3.1	The Branches Project process	20
Figure 4.4.1	Population and distribution of Branches cases by ward	28
Figure 4.4.2	Rate of Branches cases by ward	29

List of tables

	Page
Table 3.3.1 Total number of interviews conducted	16
Table 4.3.1 Source of referrals to the Branches Project	21
Table 4.3.2 Breakdown of sources of referral to the Branches Project	22
Table 4.3.3 Age distribution of cases	23
Table 4.3.4 Outcome after initial contact	24
Table 4.3.5 Group work and individual work	24
Table 4.4.1 The Branches Project's reach in Halton	27

Summary

Background

The Children's Fund is a Government programme of work with children aged five to 13, the objective of which is to put in motion a series of initiatives for the prevention of social exclusion. The programme aims to support the reorganisation of services by breaking down traditional professional boundaries and developing multi-agency collaborative working arrangements. In this way, the Children's Fund fits with other policy initiatives that offer provision for children and Young People as part of a drive towards the seamless provision of services for people up to the age of 19.

Halton Children's Fund has been in existence since 2001 with the express commitment to work towards the creation and maintenance of a network of services that meet the needs of children, young people and families who are at risk of social exclusion, according to guiding principles designed by Halton's Children and Young People's Strategic Partnership. The Halton Children's Fund Board commissioned the Centre for Public Health Research to carry out an evaluation of the Branches Project, a family support service funded by the local partnership.

The Branches Project was created to implement the terms of reference for service need proposed in the Family Support Strategy for the Borough developed by the Social Services Research and Development Unit at Oxford Brookes University, which reported in December 2002 after consulting extensively with parents, service users and professionals. The Branches Project, fully operational since July 2003, provides a range of services to low level risk families, including individual support for a range of practical problems and early stresses, and parenting support tailored to the needs of the individual. This can take place on a one-to-one or group basis. The services are designed to relieve early stresses in family dynamics and, indirectly, help individual members of the family as well as parent-child relationships.

Aims and objectives of the study

The aims of this evaluation were to explore the development and impact of the Branches Project, thereby contributing to the evidence base about preventative family support service provision in Halton.

The objectives of the project were to:

-
- provide a detailed description of the Branches Project;
 - explore the theoretical rationale and understanding on which this service is based;
 - explore professionals' understandings of 'parenting' and 'family support';
 - analyse the experiences of service users;
 - explore the impact of the service on children and families.

Study design and methods

The evaluation used quantitative and qualitative approaches as follows:

- documentary sources, including local area needs analyses and Halton Children's Fund strategic plans;
- Branches Project management information and documentation, including business plans, delivery plans and quarterly reports to the Board of Halton Children's Fund;
- routinely collected service data about the volume of activity of the service;
- data collected by Branches Project practitioners about client-related activity, which included a sample of family and children case notes, referral forms, assessment-of-need forms, action plans and follow-up documentation;
- the Branches Project's anonymised database of contacts, interventions and service outputs up to Christmas 2004.

Main findings and conclusions

The Branches project appears to be based on a firm and shared theoretical base that allows service workers to understand the process and criteria for referral, assessment, intervention and discharge of families. Furthermore, the service appears to conform to the preventative and low level risk ethos with which it was originally designed.

The Branches Project appears to be successful in reaching, assessing and engaging families and children for reasonably long periods of time, which can last for many months. This is partly because, as interviews with families revealed, the Branches Project is highly regarded by users. This is demonstrated by the service's ability to maintain a professional relationship (that is, non-judgemental, open, trusting and so on) with a large percentage of families contacted.

The Branches model of prevention-level family support has been very successful at gaining access to the home of service users. This is due to the high levels of trust that

families appear to have in the service and its aims. This makes the service ideally placed to carry out common needs assessments and coordination of other prevention-level services.

The service offers a programme of interventions for meeting the needs of children and families that is highly personalised and flexible. The type of services offered to each family is individualised and based on a thorough assessment of needs. The Branches Project is also flexible because any services offered will be adapted to the needs of the individual family. Thus, services can be short or long term, intensive or extensive. Part of the reason why there is great variation in the experiences of service users and services offered to them by the Branches Project is the large amount of service user control and the joint decision making that takes place between families and practitioners.

The Branches Project offers a range of interventions based on a multi-component programme. According to recent systematic reviews on family support services, those services that are based on a multi-component programme, that is, those that tackle concurrent family problems such as marital conflict and parental depression in addition to child behaviour problems, tend to show the most promising results. According to the evidence, another aspect of successful family support programmes tends to be that the parenting support aspects of their interventions are delivered with close attention to programme integrity, that is to say, these interventions follow a step by step process, with a clear curriculum and monitored delivery. The Branches Project follows the Webster-Stratton model of behaviour management that has a proven track record of working effectively and delivers it according to these principles.

Interviews with families regarding the needs and problems that led them to seek family support services revealed a catalogue of life and family stressors that may or may not have been initiated by their children's behavioural needs. However, children's behavioural problems seemed to be a universal presence in families interviewed who were in contact with family support services and a key element in their levels of distress.

In agreement with most of the literature, the study found that life stressors for individual families could have their origins at the wider economic and social levels, the level of the immediate community or be intrinsic to deteriorated family relationships. In a reverse manner, the study also found evidence to suggest that, whatever their origin,

unattended family support needs have a tendency to 'spill out' of the immediate family and affect relationships with the extended family, the community (typically school) and eventually become a wider social problem. However, existing approaches to deal with family support needs are limited to offering coping mechanisms for families that find themselves in deteriorated circumstances.

Having said that, the report provides evidence of the mechanisms by which the Branches Project is able to help families establish positive 'life trajectories'. These trajectories have to be understood as the immediate aims of wider service provision leading to improvements in the lives of children along the lines specified in the Every Child Matters Outcomes Framework.

Chapter 1

Introduction

1.1 Background to the study

The Children's Fund is a Government programme of work with children aged five to 13, the objective of which is to put in motion a series of initiatives for the prevention of social exclusion. The programme aims to support the reorganisation of services by breaking down traditional professional boundaries and developing multi-agency collaborative working arrangements. In this way, the Children's Fund fits with other policy initiatives that offer provision for children (Sure Start) and Young People (Connexions) as part of a drive towards the seamless provision of services for people up to the age of 19.

The National Evaluation of the Children's Fund (NECF) has been in place since January 2003. In 2004, Halton Children's Fund (HCF) commissioned the Centre for Public Health Research (CPHR) to carry out an in depth evaluation of one of its core family support services.

1.2 Aims and objectives

The aims of this evaluation were to:

- explore the development and impact of the Branches Project, a family support service in Halton;
- contribute to the evidence base about preventative family support service provision in Halton.

The objectives of the research were to:

- provide a detailed description of the Branches Project;
- explore the theoretical rationale and understanding on which this service is based;
- explore professionals' understandings of 'parenting' and 'family support';
- analyse the experiences of service users;
- explore the impact of the service on children and families.

1.3 Structure of the report

This report presents an evaluation of the Branches Project as an example of a Children's Fund core service. The report is organised into a number of chapters.

Chapter 2 presents a literature review on the state of knowledge about family support services, presenting the type of family support provision that has been shown to lead to positive outcomes for children and families. This section also describes the core characteristics that constitute family support services that work. Finally, this section is followed by a number of key terms and definitional positions employed in this report.

Chapter 3 describes the methodological principles as well as the data gathering techniques employed in relation to specific research questions. Chapter 4 presents the findings of the study as they relate to the Branches Project at the delivery level. This Chapter includes a description of this service, a theoretical understanding of the principles that govern the service's delivery model and a number of explanations that go some way towards providing an understanding of the service's limitations.

Chapter 5 presents the findings from work with service users. It focuses on understanding the relationship between needs, interventions and outcomes in relation to parents, children and their family dynamics. The final chapter, Chapter 6, constitutes a discussion of the findings and an assessment of the impact that the Branches Project has on children, families and young people. It attempts to explore the type of service the Branches Project is in relation to existing and proven models of family support services and to answer the following question: when does the service work, for whom and under what circumstances?

Chapter 2

Literature review

2.1 Parenting

In the current policy environment, the profile of parenting has increased substantially within the context of family policy. Yet parenting is a deceptively difficult term to describe because it involves individual, geographical, cultural and socio-economically contingent practices. Parenting has been defined as “a complex function involving relationships, communications, social skills, practical skills and the acquisition of understanding” (Smith, 1997, p. 4). However, this definition avoids providing a picture of the changing nature of this cultural practice. For example, it fails to recognise that most parenting is usually carried out by mothers, that parenting might or might not involve biological parents or same sex parents, and that there is a basic purpose to parenting, that is to say, the production of individuals who will become fully adjusted, functioning members of future generations. The definition does, however, list a number of skills necessary for the provision of good or appropriate parenting. This is perhaps in response to the literature that has traditionally referred to what constitutes good enough parenting (Hoghughy & Speight, 1998). Although lists of characteristics used to describe what constitutes good enough parenting are often contradictory and non-exhaustive, there seems to be more agreement as to the types of characteristics that constitute poor parenting and can consequently put children at risk of not achieving the stated outcomes.

2.2 Factors affecting parenting

A lot of the literature has concentrated on pointing out the crucial importance of parent-child relationships in the first five years of a child's life (Crockenberg & Leerkes, 2000). Regardless of the importance of this relationship, however, most commentators would agree that the child's own personality and, more crucially, the wider social environment, are central to understanding parenting strategies and their outcomes. In the case of Britain, a significant environmental component of many children's upbringing is poverty. In the mid-1990s, up to one third of children in the UK were being brought up in poverty, almost four and a half million children or one in every four children (Palmer, Carr & Kenway, 2004). The process of growing up in poverty is highly relevant to the issue of parenting and its effects on children.

Parenting has been shown to suffer where it takes place in the context of poverty. Ghate and Hazel (2002), provide a useful review of the literature on the effects of poverty on parenting. At the individual level, there is a wealth of evidence suggesting a clear link between poverty and poor physical and mental health for parents and children alike, conditions that can have severe consequences on parenting outcomes and on children's behaviour. The effects of stress factors that are mediated by poverty at the family level have also been explored extensively in the literature (Pelton, 1994; Parton, 1985; Dietz, 2000; Cawson, Wattan, Brooker & Kelly, 2000). These studies point towards relatively high levels of association between material poverty and disadvantage and factors that affect parenting mechanisms. Ghate and Hazel found high levels of anxiety about financial conditions amongst the sampled families. Serious housing deficiencies were also reported by 40% of the sample, undermining families' ability to provide a physical environment fit for child rearing. Poverty was also linked to family structure as the size of the household had direct implications for stress factors at the family level. As a result, larger families faced the greatest financial stresses with the fewest resources to deal with them. This was further compounded by the finding that poor environments tend to have an over-representation of single parent-headed households, further adding to the stress levels associated with parenting. Lone parenting, parental mental health and child behaviour were also independently linked (Ghate & Hazel, 2002).

This evidence demonstrates a clear link between poverty and the quality of the parenting provided for children, including increased levels of inconsistent parenting (Crockenberg & Leerkes, 2000) and punitive parenting (Hashima & Amato, 1995). This is consistent with evidence to suggest that challenging child behaviour increases in poor households (Halpern, 2000), a fact that might be linked to increased low birth weight and its associated risk of cognitive problems in infants (Aber, Jones & Cohen, 2000; Perry & Thurston, 2002). Alternatively, some have suggested a mixture of disrupted socialisation and genetic processes to explain the link between maternal depression and children's antisocial behaviour (Kim-Cohen, Moffitt, Taylor, Pawlby & Caspi, 2005).

The stress factors brought about in individuals and families by poverty also have implications at the community and neighbourhood level. A wealth of research has reported on the difficulties faced by parents that have their origin at the community level and which are independent of the economic circumstances that individual families might face. For example, research has consistently shown that geographical areas

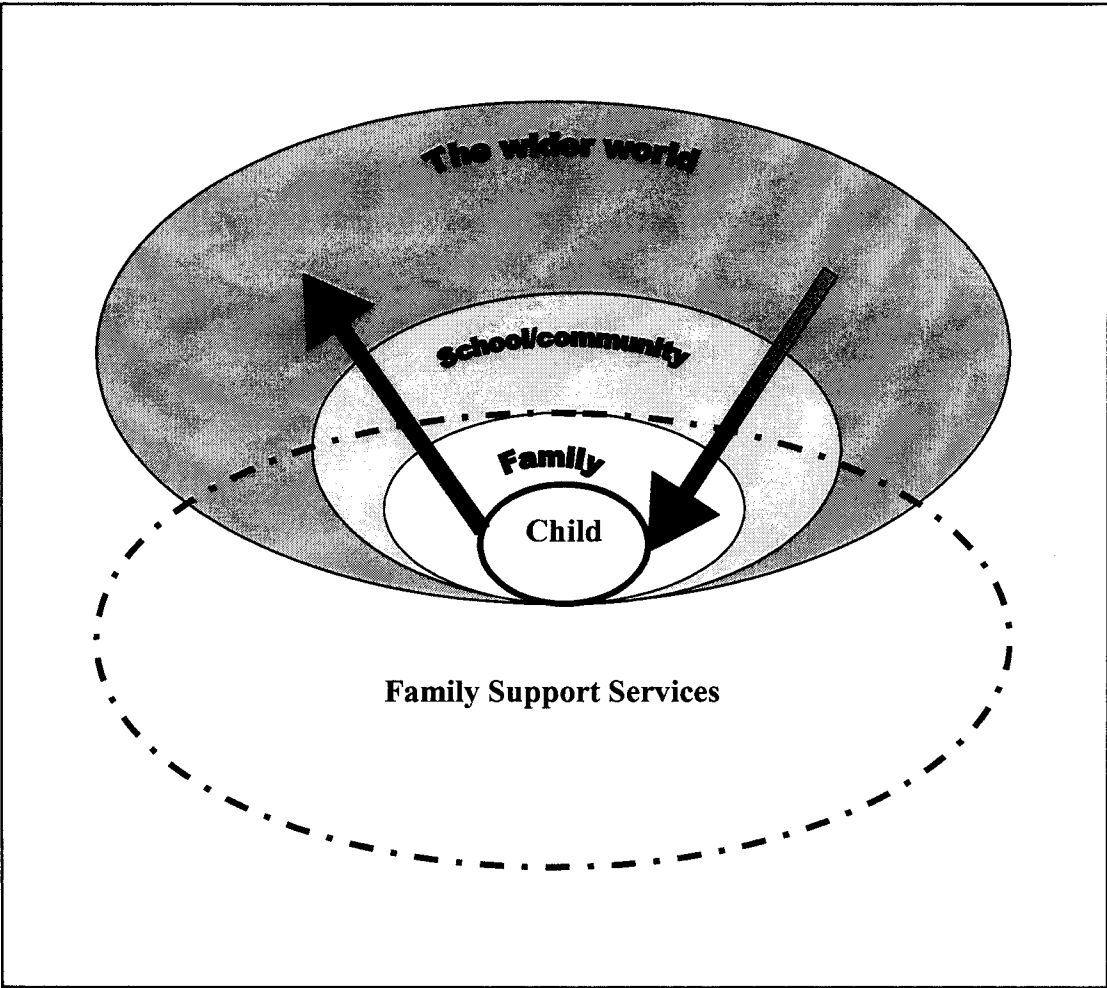
where child maltreatment reporting rates are particularly high tend to be run down areas or areas with high levels of physical degradation (Garbarino & Kostelny, 1992). The effect of this physical degradation is to increase the likelihood of stress at the family level and to decrease neighbourliness and community cohesion. Similarly, others have argued that the decrease in basic services like transport, recreational facilities and child care in some areas, along with the amount of vacant housing are effective predictors of high levels of child neglect (Zurabin, 1989; Vondra, 1990). If child mistreatment can serve as a proxy indicator of family stress and poor coping mechanisms, other research has suggested a strong association between poor physical environments and criminality, as well as antisocial behaviour by young people and drug use (Rutter, Giller & Hagell, 1998; James, 1995).

In sum, the literature points out that parenting and the factors that affect it constitute a social experience. As a result, a family's well-being is likely to be affected by factors in their community and beyond. Conversely, family needs that might or might not have their origins in the children's behaviour tend to travel outwards, soon affecting their local community and becoming a wider social problem. Figure 2.2.1 represents this idea diagrammatically.

Wilkinson (1996) has reflected on this issue and argued that the underlying causes of family disruption and crises are often due to the stresses associated with poverty, both absolute and relative. According to him:

One of the ways in which adverse socioeconomic circumstances may do lasting psychological and emotional damage is through increasing the levels of stress in which domestic life is lived. The social and economic environment establishes many of the difficulties with which domestic life has to cope and cannot be separated from a range of what are normally seen as family problems. It is not just that worries about money, jobs, and housing spill over into domestic conflict as tempers become more quickly frayed and parents find themselves with smaller reserves of patience and tolerance. It is also that lack of money, of choices, of play space, the need for indoor space to accommodate incompatible family activities – in short, the lack of resources of all kinds (including time) – means that people's needs and demands are brought into conflict with each other. The tighter the constraints within which a family must operate, the fewer the demands which can be satisfied, and the more people's interests conflict. The smaller the resources, the less the capacity to overcome unforeseen difficulties, accidents, breakages, or losses. The greater the potential sources of stress and conflict, the more family life and social support will suffer. (Wilkinson, 1996, p. 163).

Figure 2.2.1 Factors affecting the child and the family



2.3 Family support services

Parenting takes place within a complex web of interlinking factors: cultural, community, familial and individual. This ‘ecological’ understanding of parenting has been put forward by Bronferbrenner (1977; 1979) and Belsky (1980). It provides a good basis on which to build a broad but working definition of family support services.

Like with parenting, it seems that there is no universally agreed definition of what constitutes a family support service. Family support services could be defined as any service designed to provide support that impinges on any of the multiple factors affecting family dynamics and parenting described in the previous section. However, whatever their form, parenting services usually operate at the micro level (the level of the individual family or child), rather than the macro (social, environmental or community) level. Serious theoretical challenges are starting to emerge questioning the

ability of micro-level interventions to have the wide-reaching impacts on communities without parallel community-level interventions (Prilleltensky, 2005). That is why interventions must be evaluated at the level at which they were envisaged to act.

Moran, Ghate and Van der Merwe (2004, p. 21) define parenting support as “any intervention for families aimed at reducing risks and promoting protective factors for their children, in relation to their social, physical and emotional well-being”. These can take many forms according to the level of need or risk, the generalist or specialist nature of the service provided, the setting in which these services are provided and the range of agencies and providers enlisted to commission and provide the support. This could take the form of pre- and post-natal home visiting, parenting education or befriending and social support at the general level of provision, but also specialist services for families with disabled children such as respite care or speech and language therapy. It could also include a series of low-level need, preventative services and interventions, such as access to good quality play and leisure activities for toddlers, or interventions designed for higher levels of risk such as ‘child in need’ conferences, services specifically designed to treat alcohol and substance misuse or social work support and services for looked after children.

The range of service providers is extremely wide and the coordination of their services complex. They range from the universal provision of statutory agencies, to services that are targeted according to the level of risk, or services that are targeted according to geographical areas, such as Sure Start. Furthermore, a large part of the mix of services that constitute family support is provided by the voluntary sector, the role of which can be very specific to each geographical area. Any evaluation of a specific family support service needs to be placed in this scheme of provision and judged according to criteria that are consistent with its ethos, level of provision and level of risk at which it is aimed.

2.4 What works in family support?

Knowledge of what works in family support services has been greatly increased by the existence of systematic reviews of the available evidence. One of the latest and most comprehensive reviews has produced a number of key lessons about the characteristics of family and parenting support services that work. This section draws heavily on that (Moran, Ghate & Van der Merwe, 2004).

Many parents need support at some point in their parenting career and efforts to ‘normalise’ access to support as a universal right seem likely to generate strong

benefits. In this regard, it appears that both early and late interventions can work. Although early interventions report better and more long-lasting outcomes for children, late interventions may help parents deal with parenting under stress.

The review also argues that both universal interventions for parenting problems and needs at the less severe end of the spectrum as well as targeted interventions to tackle more complex types of parenting difficulties can work equally well (Moran, Ghate & Van der Merwe, 2004). However, what is necessary is that interventions have a strong theory-base and clearly articulated model of the predicted mechanism of change. In other words, services need to know both where they want to go, and how they propose to get there. Two elements that can provide confidence in this knowledge are the degree of integrity of the programmes delivered and the levels of training of staff implementing the services. Thus, the review argues that interventions where the content of what is delivered is carefully structured and controlled to maintain 'programme integrity', tend to produce better results. Furthermore, appropriately trained and skilled staff - backed by good management and support - also tend to have better results.

At the level of service processes, interventions that pay close attention to implementation factors for 'getting', 'keeping' and 'engaging' parents appear to do better. Some of these implementation factors might include:

- allowing multiple referral routes for families into the service process;
- developing a relationship with families that is characterised by high levels of trust, including a recognition of families' expressed needs;
- using multiple methods of delivery such as group and individual work, including home visiting, as part of a multi-component service that provides one-to-one, tailored support.

Other aspects of the process of offering tailored support include the flexibility to decide and provide interventions of the necessary duration. This may include short, low level interventions for delivering factual information and advice to parents, increasing knowledge of child development and encouraging change in 'simple' behaviours. It may also include interventions of longer duration with follow-up sessions for problems of greater severity or for higher risk groups of parents. In any case, decisions about the type and duration of interventions need to be the result of a thorough assessment of need.

Assessment of the needs of children, parents and families has to go beyond the family level in a way that reflects the wider ecological context of parenting. Recognition must also be given to the limitations of individual family support programmes without the implementation of national policies destined to help parents care for their children. The evidence suggests that it is difficult for stressed families to benefit from parenting programmes when they face multiple disadvantages. Thus, policies that reduce everyday stresses in the lives of families (including poverty, unemployment, poor health, housing and education) will support parents in caring for their children, if only indirectly (Moran, Ghate & Van der Merwe, 2004).

Finally, all messages about 'what works' need to be tempered with the acknowledgement that there will always be a minority of parents who cannot or will not benefit from parenting support services (Moran, Ghate & Van der Merwe, 2004).

2.5 Outcomes and mechanisms

In this report, the term outcome is used to refer to something that has been brought about as a result of an intervention. In the case of parents and children, outcomes can refer to any aspect of the families' physical, social or psychological environment that has been changed or influenced in order to make the family group or individuals in it, more able to withstand the pressures and stresses that the original environment produced. These changes can normally include those that take place in the reasoning, resources and behaviour of the family group or individuals within them. For example, outcomes can include changes in knowledge, beliefs, behaviours, skills and competence to carry out certain tasks, states of health or well-being, relationships with individuals and services, ability to function and interact socially and many more.

The term 'outcome' implies a number of things. First, it implies that there is a causal or strong association between the intervention and the end result. Secondly, it assumes that the changes brought about as a result of specific interventions are changes that follow a clear positive direction along a continuum of progress that goes from a less to a more desirable state of being. There is always, however, the theoretical possibility that an intervention might result in a negative, or unintended outcome. When this occurs, it is important to describe the mechanism of change that takes place in order to make the relevant adjustments of change.

One element that creates anxiety and intense debate in the research and evaluation community is the contested possibility of measuring change and overall causality. On

this issue, it has to be said that where complex social interventions are being evaluated, it is very difficult to 'measure' scientifically outcomes, for a number of reasons. Firstly, outcomes tend to take place developmentally over the medium or long term and very few evaluations take a longitudinal approach. Secondly, these outcomes tend to be subject to influence by an almost infinite number of interactions. Attributing causality to, and measuring every single event or shaping influence in an individual, is an impossible task, partly because independent variables cannot be controlled for and people's lives and decision-making processes cannot be explored through experimental approaches. In the case of parenting, many facts are beyond the ability of individuals to control or influence significantly (Ghate & Hazel, 2002). Moreover, family or parenting support interventions are almost without exception designed to influence the individual in order to effect changes in his/her knowledge, resources and behaviour and counteract the effects that the wider environment may or may not be having in their family.

Finally, government established outcomes are predicated on measurable targets and indicators that provide an aggregate picture (and value) of the total combination of services and interventions in a given geographical area. For example, in the case of Every Child Matters (Department for Education and Skills [DfES], 2003), outcomes such as 'be healthy', 'stay safe' or 'enjoy and achieve' are to be 'measured' by indicators such as percentages of children who smoke regularly, numbers of registrations in child protection registers and the number of half days of schooling lost through absence respectively. Evaluations of single interventions are unable to provide data that links directly interventions for the service being evaluated and aggregate targets for the relevant geographical area. This is because these aggregate indicators are likely to be the result of combined efforts of myriad interventions by a wide range of community stakeholders such as health services and health promotion, school initiatives, family support programmes, educational welfare officers (EWO) and social services to name but a few. However, what evaluations of individual services can do is two things. Firstly, they can show the link between need, intervention and outcome at the level of provision that is being explored. Secondly, they can show the link between the range of 'service outcomes' or 'middle range' outcomes and the higher order outcome expected by the National Service Framework (DfES, 2004). They can do this by providing information on soft outcomes, or middle range steps towards a final outcome. Finally, they can use these 'soft' and 'middle range' outcomes to explore and tease out the individual mechanisms that affect changes in resources, knowledge and behaviour, broadly in line with the realistic evaluation school (Pawson & Tilley, 2000).

Chapter 3

Study design and methodology

3.1 Study design

The research strategy adopted rests on a number of propositions and the belief that services are to be 'measured' in their own terms and according to indicators that are sensitive to the types of outcomes pursued by them. Starting this evaluation exercise from the reality of a current family support service enabled the development of indicators according to the aims that are specific to the Branches Project. Furthermore, in order to provide accurate and reliable evaluations of services, it is necessary to begin with a description and study of provision at ground level so that measurements, indicators of outputs and outcomes, and definitions are not 'imposed' from above and do instead emerge from the reality of practice.

The Branches Project is a family support service that works with parents and carers to address issues causing them temporary difficulties and stress. It achieves these aims by working with individual families and groups and enlisting the help of other agencies when necessary.

Quantitative and qualitative data were collected and used to illuminate four levels of description and explanation as discussed below.

3.1.1 Branches Project service process

A mixture of qualitative and quantitative data was used to describe the Branches Project and its activities. It included the following process data (Robson, 2000):

- analysing routine quantitative data on contacts;
- general volume of activity by the service;
- sources and volume of referrals to the service;
- referral paths for potential users;
- users care pathways.

3.1.2 Families' experiences of using the Branches Project

The second level of description and explanation refers to the experience of families who seek help from the Branches Project. This section relies heavily upon interviews carried out with Branches Project professionals and service users as well as on the in-depth study of a selected sample of cases. It seeks to provide an accurate picture of

both the processes that lead families to deteriorate and develop early signs of stress as well as the ways in which they perceive these crises and decide to seek help. This level aims to understand the most common needs with which families present themselves to the Branches Project.

3.1.3 Understanding interventions

The third level of description refers to the set of interventions that the Branches Project is able to implement to tackle the needs of families. This section relies on a mixture of interviews with service users and Branches Project professionals as well as on Branches Project service data. This includes leaflets advertising Branches' services and quarterly reports to Halton Children's Fund (HCF) as well as business and delivery plans. Other more detailed concerns of this level of the evaluation include the types and methods of formal assessment of needs of families and children; 'distilling' a set 'menu' of possible interventions by the Branches Project, including forms of delivery, actions, planning, reviews, settings in which these take place and the nature of the decision-making processes during the intervention phase.

3.1.4 Understanding impact

The fourth level of description is in the impact or difference that the interventions implemented by the Branches Project can have on children and families. The study relies heavily on the qualitative accounts of professionals and families who are best placed to describe in their own terms the 'distance travelled' from the moment families reach the Branches Project until both service and user part company. This section narrates the common 'journey' that ensues after entering the Branches service process, paying particular attention to the end result of that journey. In particular, this level explores the outcomes and impact achieved on families and children as well as the experiences of users of the services in terms of benefits.

3.2 Methodological principles

This section frames the terms of reference, defined in relation to the Branches Project, for the evaluation, detailed below.

- Almost every term used to define the framework for analysis is contested and complex.
- Parenting, or the formation of future generations, is highly contingent on the socio-economic climate of a society, which in turn creates the conditions for

levels of poverty. For example, the threefold increase in 'vulnerable children' (those in families living on incomes below half of national average) that took place between 1979 and 1991 must have had an effect on the outcomes of those children who grew up in that period (Department for Social Security, 1993).

- The ecological model of parenting provides the most refined and convincing theoretical understanding of the wide range of influences that affect child and family-related outcomes.
- Most family support services are conceptualised as acting upon individual families as a way to counteract pressures and stress factors that may well have a social source. This is the case with the Branches Project.
- The structural circumstances that lead to exposure to risk (poverty or related issues like joblessness) cannot be affected by social interventions like the ones the Branches Project can provide. These interventions, acting at the micro-level, have to be measured in terms of their own aims and objectives which are, in turn, limited by the level at which they are aimed.
- The complexity of factors that shape and influence family and child outcomes in any given area is such that it makes 'measuring' the overall outcomes attributable to a single one of those influences impossible, especially when they are provided by complex social interventions (that is, the Branches Project).
- The evaluation time-frame is short (six months), making it impossible to measure impact in absolute terms through pre- and post-intervention measurements. As a result, it is only possible to provide a snapshot of provision and impact from a retrospective point of view.
- The Branches Project works mainly at the level of individual self-knowledge, resources and behaviour in adults - as well as providing practical support for them and their families - with a view to effecting change on the sources of family stress, helping increase resilience and coping mechanisms.

-
- The Branches Project is only one of many sources of support for children and families in Halton (whether they are conceptualised as family support services or not) and its outcomes contribute to the overall outcomes for children and families in the area.
 - Overall, future outcomes for children and families in Halton will be measured by means of aggregate data in the form of targets and indicators described in the National Service Framework (NSF) of *Every Child Matters: Change for Children* (DfES, 2004).
 - The evaluation of the Branches Project aims to provide evidence of the workings of this service by providing examples of middle range outcomes that show progress and 'distance travelled' towards indicators contained in the NSF outcomes.
 - The evaluation develops a theory of basic service process and understanding and then subjects this service theory to rigorous testing by breaking down every step in the chain of events that the theory suggests is the process by which the service works.
 - The underlying theoretical approach to this evaluation of the Branches Project examines the main mechanism by which the service is operationalised and asks, 'for whom' and 'under what circumstances' does the Branches Project work? This study follows a broadly realist approach to evaluation (Pawson & Tilley, 2000).
 - Informed by this approach, the study concentrates on assessing every one of the steps that constitute the Branches Project, focussing on the elements that lead to engagement/disengagement of service users and the reasons for those actions. This evaluation makes use of a variety of primary and secondary data to examine every one of these service steps.
 - The main working mechanism of the Branches Project is the relationship and interaction between the family support worker (FSW) and the individual family. An important part of the evaluation explores this relationship and describes the

optimum levels of interaction between families and the service as well as the factors that might impair it.

3.3 Data gathering methods

This section discusses the data gathering methods that were employed. The study drew upon primary and secondary sources of data.

3.3.1 Primary sources

The qualitative aspects of the study relied mainly on semi-structured interviews with every layer of the service. This included management staff, practitioners and clients (families and children). The qualitative data gathering also included the observation of meetings, work-shadowing and one focus group with five parents. The total number of interviews conducted is shown in Table 3.3.1.1. Interview schedules for professionals and parents can be found in Appendix 1 and Appendix 2 respectively.

3.3.2 Secondary sources

The following documentary sources were accessed:

- *Halton Family Support strategy: Key Findings and Recommendations* (Social Services Research and Development Unit, 2002);
- Halton Children's Fund Partnership Final Plan, 2001;
- Halton Children's Fund Annual Review 2003-2004;
- Halton Children's Fund Business Plan 2004-2005;
- Halton Children's Fund Management Agreement, December 2002;
- Developing Preventive Services: Halton Children's Fund Strategic Plan 2005-2008;
- a series of quarterly reports submitted by the individual projects funded by Halton Children's Fund.

Branches management information and documentation were also accessed:

- business plans;
- delivery plans;
- quarterly reports to the Halton Children's Fund Board, including an Annual Report 2003-2004 and eight individual quarterly reports for years 2003 and 2004.

Routinely collected service data about the volume of activity of the service and data collected by practitioners about client-related activity was accessed to include:

- a sample of family and children case notes;
- a sample of referral forms;
- a sample of assessment of need forms, action plans and follow-up documentation;
- the Branches Project's anonymised database of contacts, interventions and service outputs between July 2003 and Christmas 2004.

Table 3.3.1.1 Total number of interviews conducted

Interviews	Number
Branches staff	10
Branches Project users	15
Other professionals	4
Focus group (five parents)	1
Halton Children's Fund board members	7
Managers and project workers of HCF funded projects	10
Other*	2
Total	49

* Local Strategic Partnership members, other voluntary and community sector groups.

3.4 Research ethics

The ethical issues inherent in this project such as confidentiality of data and access to families for the purpose of interviewing were covered by an ethics application to the Centre for Public Health Research Departmental Research Ethics Committee. The application was approved in October 2004.

Chapter 4

The Branches Project

Findings about the service

4.1 Background to the development of the Branches Project

The Branches Project is a new family support service in Halton. It was created and commissioned by Halton Children's Fund Management Board to provide services in response to a detailed research study by an external consultancy, the Social Services Research and Development Unit at Oxford Brookes University (SSRADU, 2002) which helped develop a Family Support Strategy for the Borough. Using existing service needs analyses in Halton (Perry & Thurston, 2002) and having consulted extensively with the community via parents, service users and professionals, the report was published in December 2002. A commissioning process then took place and NCH were identified as the providers in February 2003. Recruitment for most posts took place after that and the Branches Project became operational in July 2003.

The SSRADU research (2002) identified a number of gaps in family support provision in Halton. Three gaps were identified at the level of provision of services. These were targeted at Hardiker risk levels 1, 2 and 3 (Hardiker, 2003). However, particular needs were identified as detailed below.

- *Hardiker level 1: services to vulnerable groups and communities*

SSRADU argued that although provision across Hardiker level 1 appeared to be quite comprehensive for pre-school children, this was not the case for older children. Specific gaps were discussed in relation to the lack of parenting programmes for children other than those of preschool age and for home visiting family support services for vulnerable communities.

- *Hardiker level 2: services for children in need and families suffering early stresses and temporary crises*

SSRADU reported that although provision was generally more available for this level of risk, there was a large gap in the provision of an intensive home visiting service for families experiencing early stresses or temporary crises.

(SSRADU, 2002)

The Branches Project was created with a view to meeting these recommendations. It is a service aimed at providing the necessary level of support needed by families who are experiencing early signs of stress and conflict in order to prevent the levels of risk that impose a duty of care on the State and intervention on the part of the statutory services from occurring. It is the avoidance of this situation that lies at the heart of family support initiatives at the preventative level.

4.2 Description of the Branches Project

The Branches Project has set out to implement the terms of reference for service need proposed by SSRADU (2002), that is to say, with Hardiker levels 1 (services to vulnerable groups and communities) and 2 (services to children in need and families suffering early stresses and temporary crises). After a comprehensive assessment of the family's needs, the Branches Project provides a range of services to low risk families including individual support for a range of practical problems and early stresses and parenting support tailored to the needs of the individual. This can take place on a one-to-one or group basis. The services are designed to help relieve early stresses in family dynamics and, indirectly, help individual members of the family as well as parent-child relationships.

This level and type of provision has been achieved so far by endeavouring to make links with universal providers such as schools (teachers, head teachers, learning mentors and so on) and health providers (such as school nurses, health visitors, midwives and GPs). The Branches Project also has an extensive number of self-referrals from clients who have received support in the past and return to the service later, and individuals who self-refer after hearing about the service through 'word of mouth'.

The Branches Project provides an almost universal service. However, eligibility for services is governed by the age criteria of the children in the family, criteria that have been set by the Children's Fund and includes children aged five to 13. Furthermore, these criteria have been targeted to specific, vulnerable groups and communities. Thus, it can be said that the Branches Project embodies a number of characteristics. It is:

- part of the Voluntary and Community Sector (VCS) offer for families and children in Halton;
- a service for low risk level users (Hardiker levels 1 and 2);
- a service that provides a holistic family support service;

-
- a service based on a thorough assessment of needs;
 - a service that uses the home visit as the main setting for initial contact;
 - based on high levels of professional-client interaction;
 - designed to provide family support and help tackle a range of issues that can go from advice and support to behaviour management and parent-child relationships.

4.3 The Branches Project process

This section aims to describe the Branches Project process, that is, the basic understanding of the mechanisms and processes involved in making this new service work. The Branches Project can be defined as a 'complex' intervention. In basic terms, this means that, instead of providing a single, standardised service intervention, the service works through assessment principles, identification of needs and provision of tailor-made interventions. As a result, the evaluation of this service is made more complicated because there is no single intervention unit to be measured and client outcomes are explained in terms of a complex interaction of a plurality of influencing factors. The analysis of the service process is part of the strategy to deal with this situation. At its most basic level, every 'complex' intervention can be understood in terms of its ability to:

- target and meet the relevant population;
- assess and understand the needs of that population;
- provide the interventions, services and support that meet the needs identified in the target population;
- provide services that result in benefits to the population served that go towards meeting outcomes set for the wider policy area in which the service is located, in this case, services for children and families.

The interviews conducted with service providers and users have led to the development of a theoretical understanding of the Branches service process that is represented in diagrammatic form in Figure 4.3.1.

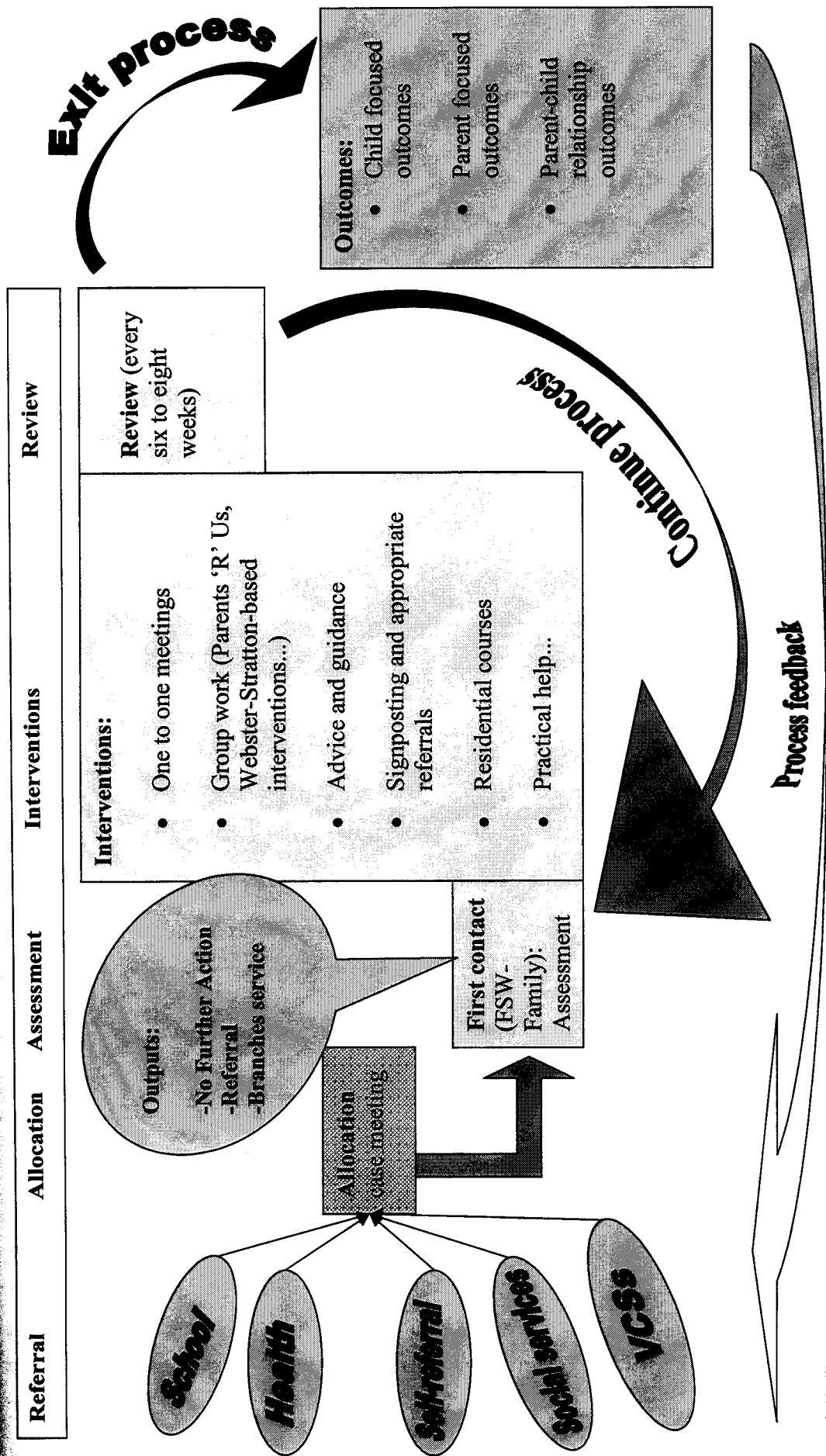


Figure 4.3.1 The Branches Project process

Step 1: referrals

Referrals to the Branches Project are received from a variety of sources. Between July 2003 and December 2004 (eighteen months), the Branches Project had received and dealt with 450 referrals. The sources of these referrals include universal service providers such as schools and the health service as well as targeted services – geographically targeted services like Sure Start or services targeted according to levels of risk such as social services. Within the health service, referrals have been received to the Branches Project from GPs, health visitors, midwives, community nurses and so on. From schools, the service receives referrals from school nurses, teachers, head teachers, learning mentors, educational welfare officers and almost any other members of teams responsible for the pastoral needs of the children.

Referrals can also come to the Branches Project before a relevant child has been born – as is the case with a number of referrals from community midwives – or soon after the event, as is the case with referrals from health visitors.¹ On the other hand, children can be highlighted as showing symptoms of early stress through their behaviour at home or in the school. A relatively high number of referrals appears to have been received directly from parents who have heard about the service through ‘word of mouth’.

The breakdown of figures on referrals received to the Branches service is shown in Table 4.3.1.

Table 4.3.1 Source of referrals to the Branches Project

Source of referral	Number	Percentage
Agency	331	73.3
Self-referral	116	25.7
Missing data	3	1.0

The agencies that have made referrals to the Branches Project are shown in Table 4.3.2. This shows that almost three quarters of all referrals to the service have three main sources, namely education, the health service and self-referrals. It was not possible to determine who made referrals from schools, although interview data suggests that this might be from a variety of professionals including individual teachers,

¹ Although the Children’s Fund’s age criteria for referrals is five to 13, the Branches Project also offers family support services to parents of younger children in two Sure Start Areas.

head teachers, learning mentors and so on. A similar problem occurs with the data referring to the category 'health', as most cases record only the health clinic from which the referral was made. Exceptions are the categories 'health visitor' and 'midwife'. Again, interview data seems to suggest that a number of referrals have also been made by GPs and by other health agencies such as the Child and Adolescent Mental Health Service (CAMHS). Sure Start and social services make up 15% and 8% of referrals respectively. They are followed by referrals from other VCS agencies and undetermined agencies.

Table 4.3.2 Breakdown of sources of referral to the Branches Project

Source		Number	Percentage
Self-referral		116	25.7
Education	School	89	
	Education welfare	10	
	Education (other)	2	
Total Education		101	22.4
Health	Health visitor	52	
	Midwife	12	
	Health (other)	28	
Total Health		92	20.4
Sure Start		67	14.8
Social Services		36	8.0
VCS*		21	4.6
Agencies (other/ unknown)		14	3.1
Missing		3	1.0
Total		450	100

* Voluntary and community sector

Table 4.3.3 shows the distribution of age groups referred to the Branches Project. Over three quarters of referrals were for children within the Children’s Fund criteria (aged five to 13) whereas 22.8 % of them were for children aged nought to four.

Table 4.3.3 Age distribution of cases

Source of case	Number	Percentage
Sure Start age group (0-4)	103	22.8
Children's Fund age group (5-13)	347	77.1

Step 2: allocation of cases and initial contact

Once the referrals have been received the Branches Project team discusses the cases at their weekly allocations meeting and allocates them to a FSW. According to FSWs, the Branches Project's ethos is one of close working relationship with the family. In order to achieve and maintain this, the service insists that the referring service makes referrals in close collaboration with the family in question and with their knowledge. All referrals are received and administered by a single individual senior member of the team who manages the day to day caseload of FSWs in the Branches team. The weekly allocation meetings serve to gain a team perspective of the caseload, share experiences and concerns, gain ideas and sources of information from others in the team and generally explore ideas collectively.

Only once the allocation has been completed does the relevant FSW make initial contact with the family, normally via the telephone to make arrangements to visit the family in the home to discuss the problems of concern and make a thorough assessment of need. The initial contact also serves to establish the relevance of the referral and the suitability of Branches for offering help and support to that family. Although the service has clear criteria for referral that it has shared with all sources of referrals, this is the first link in the Branches process that might lead to 'process leakage'. Process leakage can be defined as the percentage of families and users who, having been referred to a service, do not complete the entire service process as has been envisaged. A degree of process leakage is something that every single service carries. Ideally, there are measures in place to minimise leakage in order to increase the effectiveness of a service. Table 4.3.4 shows the outcome of the initial contact for referrals during the 18 month period. This shows that 88.6% of cases referred to the Branches Project are appropriately referred and thus dealt with by the service, with another 3.5% of cases that either do not require or want a service and 3.3% of referrals for whom a different service might be more appropriate.

Table 4.3.4 Outcome after initial contact

Outcome	Number	Percentage
No further action	16	3.5
Redirect to other agencies	15	3.3
Received Branches Service	399	88.6
Missing data	20	4.4
Totals	450	100

Step 3: contact with users and implementation of care plan

After initial contact and close assessment of needs presented by the particular family, the family and service draw an action plan to guide the implementation of interventions and monitoring of progress. This is a process that takes place through a close working relationship with the family and regular visits to the home. It is also a process that is regularly monitored and reviewed. The service process requires that a review of interventions and progress made is normally carried out every six or seven weeks. After that formal review, a decision is made as to whether the service and interventions put in place are working, whether they need more time to continue to make an impact, whether interventions need to be changed and new ones implemented instead, or whether all objectives set in the action plan have been achieved and the family is ready to exit the service. This six-week cycle is repeated for as long as the family is making progress and service involvement is deemed necessary by both parties.

Interventions are implemented that are tailor-made to the needs presented by the family. Interventions can be divided between those that take place as part of group activities and those that are offered on an individual family basis, the breakdown of which is shown in Table 4.3.5. This shows that one third of service users receive some form of group therapy work - normally associated with some form of parenting and/or behaviour management techniques - on top of individual support from Branches.

Table 4.3.5 Group work and individual work

Type of support offered	Number	Percentage
Group and individual support	143	36.2
Individual support only	307	63.8

Contact with service users can also be described in term of average length of engagement with the service and the average number of contact visits recorded per

family engaged in the Branches process. The first figure would provide evidence of the service's ability to maintain contact with the family, whereas the second provides an indication of the level and depth of engagement that takes place between the families and the Branches Project.

Data suggest that the average length of engagement with families is 8.8 weeks. This is slightly longer than the Branches' process cycle would suggest but is, on the other hand, evidence that the cycle operates at a realistic level. Within this, the range of length of engagement with the service varies between 44 weeks and zero in those cases in which no engagement with the service takes place and a single visit results in signposting or cross-referral to another service. This difference in length of engagement indicates that it is determined by the needs presented by the client and not by service-led impositions.

The average number of contact visits has been calculated by extrapolation from a sample of Branches cases consisting of interviews and case notes. The resulting figure is of 9.4 home visits per case. The number of visits that a given family receives from the Branches Project is negotiated with the service user but this might well vary between one per week (or more if the crisis requires it) at the beginning, with a declining number towards the end of involvement, as the family becomes more able to cope by itself. A figure of 9.4 home visits per case (the average case lasting 8.8 weeks) puts the figure slightly up from one per week (1.05 visits).

Step 4: closure of case

Ideally, disengagement with the service takes place in a negotiated manner after all the objectives have been achieved. Interviews with service professionals revealed varying estimates suggesting a range that went from only 20% of cases reaching a negotiated withdrawal from Branches to others suggesting that as many of 80% of cases did. The figure extrapolated from a sample of users suggests that around 40% of service users decide to disengage with the Branches Project before the review of objectives takes place; in other words, they do not complete the 'action plan'. Possible reasons for this are provided in Chapter 6.

All the above steps can be understood as a sequence that describes the Branches service process. They can contribute to an understanding of the service in a variety of ways. First, it provides a measured output and level of activity of this service. For example, of every 100 families referred to Branches, around 90 will receive direct help

(whereas 3 might be re-referred to a more appropriate service as a result of this first encounter). Of them, around 60 are likely to receive help from Branches for about 9 weeks on average before the service and the family decide that objectives have been met and decide to disengage. The rest are likely to decide to disengage due, partly, to having achieved their objectives before the review date. This view gives us a measure of impact in a quantitative form.

4.4 Geographical level findings

Table 4.4.1 presents service output data in relation to the different areas of Halton. This is important because of the link between poverty and some of the most common areas of need (parental depression, challenging child behaviour and anti-social behaviour) associated with family support services (Ghate & Hazel, 2002).

Calculated measures of the Branches Project’s presence in the Borough (in terms of numbers of cases seen in each ward) have been included. The first (Branches’ ranking of presence), provides a ranking of the absolute number of cases the service has dealt with in the individual wards, with a value 1 given to the ward in which the service has seen the biggest number of people (Norton South) and the value 21 for the ward with the lowest number of Branches cases (Birchfield). These rankings offer a ‘measure’ of the correlation between the level of deprivation in a particular ward and the degree of presence of the service. The data can be examined to explore the proposition that, according to the literature, the most deprived areas are also those that are more in need of family support services. For example, Birchfield, the least deprived area of Halton has also had the least provision from Branches, with zero cases, whereas Halton Lea – second in the Halton rank of deprivation – is also the second most visited area by Branches. This general trend would suggest that the service is providing interventions in the areas of most need. Figure 4.4.1 represents the population and the distribution of Branches cases in Halton.

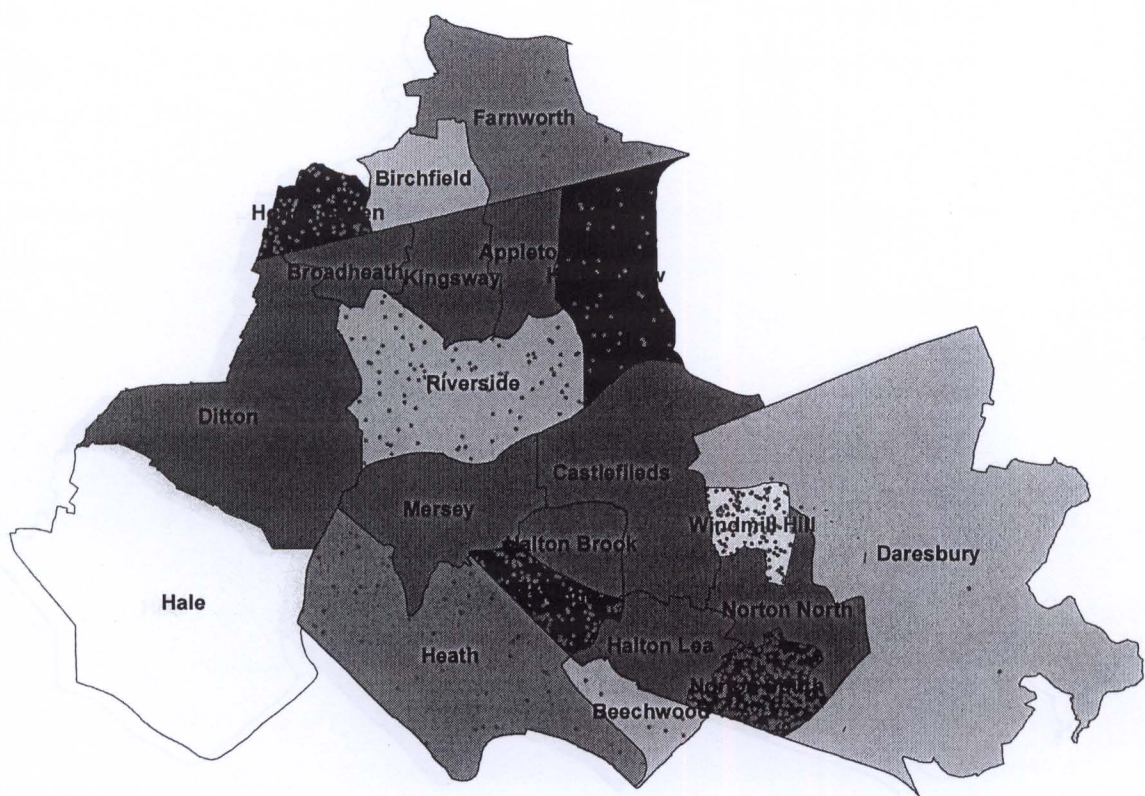
An interesting finding is that the ward in which the Branches Project is located (Norton South) has a large concentration of cases in that ward. The final column in Table 4.4.1 shows a calculated rate of Branches cases (per 1000 population) in each of the wards. This measure solves partially the lack of comparability of previous columns that is due to the different populations in each ward (see Figure 4.4.2)

Table 4.4.1 The Branches Project's reach in Halton

Wards	Population	Halton rank of deprivation	Number of cases seen by Branches	Branches' ranking of presence in individual wards	Rate of Branches cases (per 1000 population)
Appleton	6,390	7	8	16	1.2
Beechwood	3,984	19	2	17	0.5
Birchfield	4,449	21	0	21	0
Broadheath	6,448	13	35	3	5.4
Castlefields	6,429	3	23	8	3.5
Daresbury	3,906	20	1	19	0.2
Ditton	6,249	11	21	9	3.3
Farnworth	5,908	18	2	18	0.3
Grange	6,865	9	31	5	4.5
Halton Brook	6,597	8	17	12	2.5
Halton Lea	6,413	2	41	2	6.3
Halton View	6,886	14	11	14	1.5
Hale	1,898	17	0	20	0
Heath	5,507	16	11	13	1.9
Hough Green	7,067	12	19	10	2.6
Kingsway	6,096	5	17	11	2.7
Mersey	6,146	10	10	15	1.6
Norton North	6,494	15	34	4	5.2
Norton South	7,227	6	92	1	12.7
Riverside	4,814	4	23	7	4.7
Windmill Hill	2,435	1	30	6	12.3
Missing			22		
Total			450		

Acknowledgement: Halton Borough Council

Halton Borough



0 0.30.6 1.2 Miles

 Branches cases






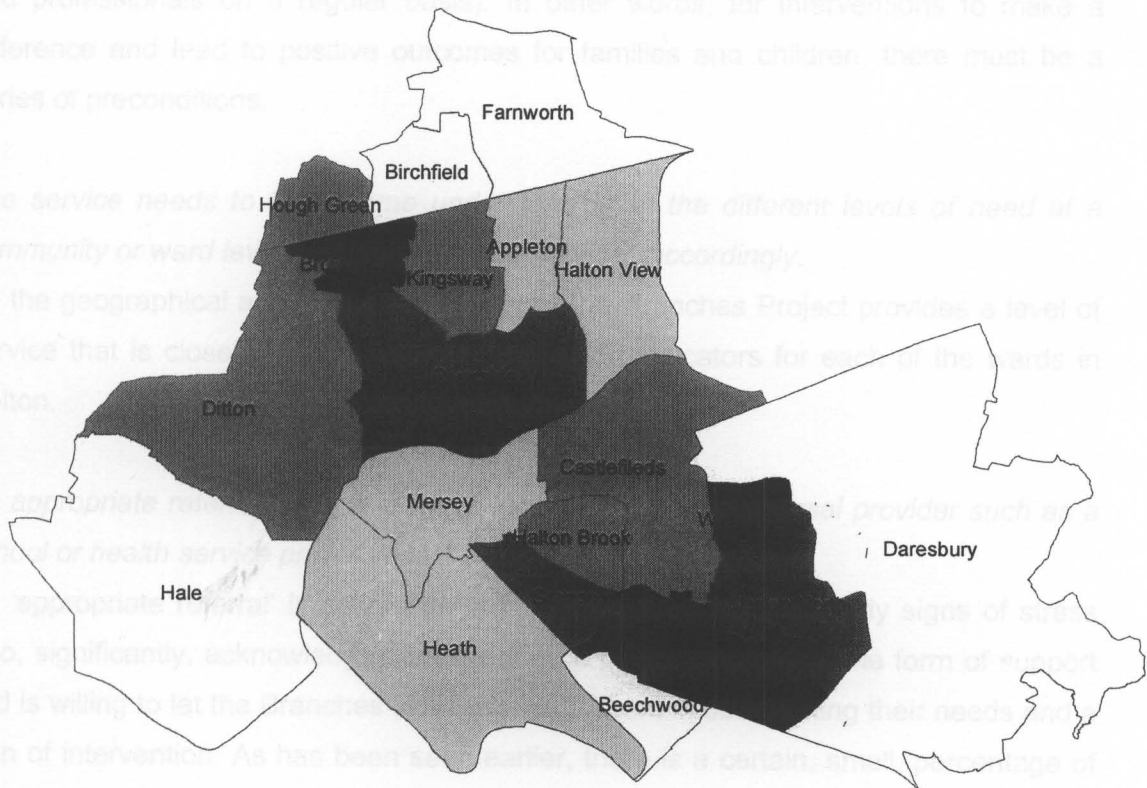
Population	
	1898 - 2435
	2436 - 4814
	4815 - 5908
	5909 - 6597
	6598 - 7227

Figure 4.4.1 Population and distribution of Branches cases by ward
(Source: ONS, 2005)

Halton Borough



0 0.30.6 1.2 Miles

**Branches presence by ward
(rate per 1000 population)**

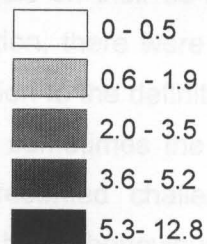


Figure 4.4.2 Rate of Branches cases by ward

Source: ONS, 2005)

4.5 Some explanations for 'process leakage'

This section examines the service process and tries to understand the issues that lead to 'process leakage' described in the previous two sections. Some might well be un-resolvable because they might be due to things beyond Branches' control (for example, the family's refusal to engage) but others might be amenable to rescue if policies or organisational mechanisms are changed (for example, inappropriate referrals might be reduced by creating clear criteria for referral that are shared with referring agencies and professionals on a regular basis). In other words, for interventions to make a difference and lead to positive outcomes for families and children, there must be a series of preconditions.

The service needs to have some understanding of the different levels of need at a community or ward level and act to provide services accordingly.

As the geographical analysis seems to imply, the Branches Project provides a level of service that is closely matched to the deprivation indicators for each of the wards in Halton.

An appropriate referral must take place, generally from a universal provider such as a school or health service professional.

An 'appropriate referral' is defined by a family unit experiencing early signs of stress who, significantly, acknowledges the issue as a problem, wants some form of support and is willing to let the Branches FSW work with them in establishing their needs and a plan of intervention. As has been seen earlier, there is a certain, small, percentage of families who are inappropriately referred to Branches either because families do not recognise they have needs; their needs might be very different from the one they have been referred for; they do not want a service from Branches; their needs require a different service.

Families must recognise they have a 'problem'.

Social or family stresses are part of a highly subjective understanding. Not all families might want to recognise, admit or share the views of professionals on their so-called 'problems'. On a number of case studies as part of this evaluation, there were clear disagreements between the family and the referring agent in relation to the definition of the 'problem'. Where children's behaviour was an issue, it was sometimes the case that this was being affected by the setting and children presented challenging behaviour in school but were either no problem at home or their home behaviour was not seen as a particularly worrying issue by their parents. In a way that mimics some

findings on coping with bereavement, behaviour modification experts have found that denial is a possible early response by parents to a challenging behaviour issue in their children (Webster-Stratton, 2001).

Families want help for a 'problem' other than that for which an agency or professional has referred them.

Schools were making referrals to the Branches Project as a response to difficulties in the relationship between the school and individual families, usually related to accessing extra support for children by means of achieving a statement for special educational needs. This process is complex, time consuming and lacking in resources, sometimes leading to conflict between schools and parents of affected children. In some of these cases parents were defining their 'problem' as their sense of powerlessness and desperation towards their inability to negotiate the statementing process successfully, a process that, because of waiting lists, could be the cause of severe familial anxiety. Sometimes in these cases, the Branches Project was enlisted to provide advocacy on behalf of the parents and to ensure that their voices were heard. A similar role of advocacy was provided in the family's negotiation with other institutions such as the courts.

Families do not want a service from Branches.

This is very closely linked to the previous reason. In some cases, referrals to the Branches Project were being made without the full knowledge of the family or without their full consent. It is sometimes the case that even when consent has been sought for a particular referral, the different power relations between certain professionals and their clients make the latter unable to challenge the professional decision to refer them to a new service in an open manner. Instead, they tended to 'vote with their feet' avoiding meeting with the FSW from Branches. Not a dissimilar process took place in cases where the FSW had arranged interview visits to ex-service users for the research team. Relative positions of power made outright refusal by families difficult, however, covert refusal was a possibility when they knew the date and time of a planned visit.

The families' problems require a different service.

As the literature review section shows, family stresses can have a multitude of sources that go beyond the family unit and beyond the ability of services designed to act upon the individual. The Branches model of service has been designed to carry out a comprehensive assessment of need in order to prepare a service plan and implement

the necessary interventions, interventions that Branches might or might not be able to deliver. Given that no thorough assessment of needs takes place in other services referring individuals to Branches, it is sometimes not until the service comes into contact with the family in question that a realisation takes place that the service required is not one that Branches can provide due to its complex, therapeutic or specific nature. In some other cases, the assessment of the underlying problem is not achieved in a single visit and requires the development of a long, trusting relationship between the FSW and the family in question. In one particular case, the underlying source of a family's deep levels of anxiety was only disclosed at the point at which the Branches Project was about to 'discharge' a family after a successful behaviour management intervention. Branches was not best placed to offer advice on the high levels of debt that put the house and family's livelihood at serious risk but was able to identify the best source of advice and to support the family through this process. The need for a trusting relationship between the FSW and the service user relates closely to the issue discussed in the next point.

An appropriate relationship must develop between the FSW and the family or service user, one based on mutuality, trust and willingness to improve a 'deteriorated' family situation.

It would be unrealistic to expect that every single family that is referred to the Branches Project develops an appropriate relationship with the service. However, it can be claimed that if and when the previous condition is fulfilled, the family is highly likely to develop a trusting and productive relationship with the service. This is mainly due to the service's insistence on working with families that are willing to engage and receive support from a FSW, the reason for it being that individual behaviour changes are only possible on people who are willing to recognise an aspect of their lives that needs changing and to make appropriate sacrifices to that end.

The interview data with families and researchers has led to the identification of some characteristics that define the types of roles and relationships that typically develop between the FSW and service users. FSWs seemed to be mostly in agreement with the view that the one element that characterises the Branches Project is an ethos of non-judgmental openness, transparency and trust that it is able to develop in its workings with families. This ethos has to be propagated and made clear to families even before the service contacts them after a referral. FSWs seemed to agree with the idea that it was important that, in order for this relationship to begin on a good footing,

all families referred to Branches should be expecting a call from the service. The alternative, it was said, damaged relationships between the service and its users.

The issue of trust was also related to the differences perceived by professionals and service users alike between a voluntary service that concentrated on prevention-level work and certain statutory services. FSWs in particular, found that strained relations between social services and families make it hard for the Branches Project to promote the characteristics of an open and trusting relationship with potential clients. One FSW said:

'One [case] came from social services and I've not got through the door. And I suspect that, you know, it was an anonymous referral to social services who did the core assessment and said really you're not up here [signalling level of risk] so we can't pick you up but we think you'd probably benefit from a bit of support.; ... I've never got through the door with this one.' (Interview BW7).

FSWs referred to differences between their previous professional experience (much of it with social services) and their current service ethos. On the whole, the main difference was expressed in terms of the unwillingness with which families tend to accept social services involvement in their lives. But the issue of trust and the distinguishing marks between social services and Branches were also clear to some of the families interviewed:

'I'd say its help and support I think... it was a bit funny at first thinking it would be like social services where they get involved and but one of the things she [FSW] said at first was that I didn't have to try anything if I didn't like it; I didn't have to be involved with them [Branches]; it is not as if they were going to give me help whether I liked it or not and ... I could just say stop and it was up to me whether I wanted to take on their advice, which I thought was quite good.' (Interview BF4).

The issue of trust in the Branches Project also related to the sources of information potential service users refer to in order to decide whether to get involved with the service or not. According to some of the FSWs, the levels of trust in Branches were higher in those families who had referred themselves or found out about the service through friends and trusted sources. The relatively high percentage of self-referrals to the service encountered earlier would be partially explained by this. However, trust is not only something that users must have in the service but a crucial element in a relationship of partnership between the service user and their FSW. There appear to be clear implications for the type of practices the FSWs were expected to develop with their client families. In the case of handling information about the service users, it included an understanding that every record held belonged to the service user. So the

issue of trust in the service requires an element of transparency that is, in turn, linked to information management, especially at the point of collecting assessment data.

In sum, the issue of a trusting and appropriate working relationship between the service and its users is critical in explaining the length of contact maintained with the families, their likelihood to collaborate with the service, the service's ability to empower the family to make the necessary changes in their lives and the chances that the interventions implemented will lead to a successful outcome.

Assessment must highlight the underlying reasons for this 'deteriorated' family situation.

The assessment of needs carried out by Branches is a global one, standardised to meet the requirement criteria of NCH. The Branches Project will attempt to put the mechanisms in motion to help the family in their effort to improve their lives. For example, if the assessment establishes that, amongst other things, the family breadwinner's unemployment is causing undue stress to the rest of the household, mechanisms will be put in motion to help that family find a way out of that situation. This might include arranging and or providing welfare information, accompanying the relevant family member to a careers adviser, helping in the search for alternative career retraining opportunities, as well as more direct interventions to provide effective parenting. As the previous section argues, the level of trust the service is able to inspire in its users is directly linked to the successful relationship between family and service and the likelihood of success.

In other words, the Branches Project assessment tool examines all areas of standard assessments of children on three main domains:

- the developmental needs of children;
- the capacity of parents or carers to respond appropriately to those needs;
- the impact of wider family and environmental factors on parenting capacity and children's developmental progress.

As such, it follows an 'ecological' model of understanding of the myriad causes of family stresses (Buchanan, 2002; Gray, 2003). This model contends that each individual child interacts with a series of factors at the family, school, community, and wider world level. All affect each other as well as the chances of a family developing some form of deterioration. At each level, there are a series of protective factors as well as risk factors that might lead to deterioration. The main objective of the assessment is

to understand what the risk factors are in a particular family in order to be able to implement interventions that either break the chains of causation or are able to provide protective factors to the individual, the family and the community.

The final precondition that needs to be in place to minimise 'process leakage' are whether:

- an effective intervention plan is instituted;
- the family sees through the process of restoration established with their FSW.

Chapter 5

Needs, interventions and outcomes

5.1 Introduction

This chapter describes some of the individual needs that have been presented to Branches between July 2003 and Christmas 2004. It is followed by sections that explore the service's ability to respond to the needs presented by families in Halton through its interventions, as well as the impact that these interventions have had on a sample of individuals and families. This chapter draws on the qualitative interview data with families and professionals to provide a description of the issues involved with parenting children, the variety of ways in which the Branches service works with families and some of the outcomes that are reported.

5.2 Unravelling the needs of families in distress

Children's behavioural issues constituted the single most common reason why families were being referred to the Branches Project, followed perhaps by what some workers have referred to as 'social' forms of stress that might include social isolation, depression, poor access to services, unemployment, poor housing, debt and so on; in other words, the wider family and environmental factors that might affect parenting capacity. Children's behaviour was talked about in a number of different ways, explored in more detail below.

5.2.1 Aggression

Aggression was an often used adjective for the behaviour of some of the children. Parents were able to describe long lists of incidents when their child had either been verbally or physically aggressive to them, other siblings or children outside the family. Aggression was perhaps the most common aspect of children's behaviour that worried parents. This behaviour could take place totally unannounced and unexpectedly. The lack of warning or ability of parents to recognise when things were likely to go wrong made parents feel very out of their depth, lacking in control of every day, common situations, and having to keep constant watch on their children.

'...now [child's name] she ... sometimes for no reason, goes and swears... but that is because [sibling's name] is coming back from school swearing so ... what do you do in that situation?' (BF13).

Aggressive behaviour was reported as tending to be played out mostly within the home, especially against siblings. This was an element that created high levels of

stress for parents. Frequently, however, aggressive behaviour could spill out of the house and into the rest of the extended family, school and nursery or even just the street and the playground. Parents spoke about the potential effect that consistently violent behaviour in the house would have on the other siblings and on family harmony in general. On the other hand, parents also talked about the effect that aggressive behaviour outside the house had on them and their need to always watch their children for fear that they might hurt and injure other children or land them in trouble with other parents, a common occurrence when their children misbehaved in public.

'Yes, I have the temper tantrums with her. She's calmed down a bit more now, a lot more than she used to anyway. But I still have the threatening behaviour, the hitting her sisters and all that, that's still there. The one thing that I haven't managed to deal with is her sisters, the way she's with them. She's still hitting them, especially the oldest one.' (BF14).

Or:

'There was an incident when we went to Oasis Centre Parks and this mum was there and I was watching him [child] and... I don't know what the other little boy did, he threw a ball or something at him and he was ready to lash out but I was there to say 'I'm watching you' but the other mum just got angry and came to me and said 'well, I think you should watch your child' and she took her child away from the pool. It's horrible.' (BF13).

5.2.2 Argumentative, showing oppositional behaviour

A very close second in the list of signs and characteristics discussed by parents tended to be their children's argumentative and oppositional behaviour. This characteristic would involve a constant battle of orders from the parent and refusal from the child. The parental-child interaction would develop into increasing levels of forceful demands from one side and a counter response from the other as they entered a spiral of escalating aggression on both sides.

'Getting her ready for school in the morning was a nightmare. She'd undress all the time and I'd dress her and she'd take her clothes off again and it was a nightmare. We'd be late for school every single day and she'd only go there kicking and screaming... every time.' (BF14).

This parent described the 'routine' type of behaviour in which both parent and child had fallen.

5.2.3 Children who were distracted and unable to concentrate

The characteristic described above for both parent and child is also common with children who, as characteristic of their behavioural problems, show signs of distraction, lack of concentration and poor attention spans. This was a characteristic very

commonly described by parents of children who had come into contact with Branches due to their children's behaviour.

'He's very distracted after five minutes and he's determined so if he decides to do something else, he'll just be off. No, but really, you'd think he's got ants in his pants. Even when he's watching a video, you'd think he'd like that and he'd stay quiet watching for a while but he can't, he'll just be off after five minutes, he'll be out and about. '... sit down, [child's name]' but he can't. He will for a while, but he just gets bored. He's really fidgety, he won't stay still, he just won't stay still. And he gets fed up very easily.' (BF11).

This inability to concentrate and low attention span appeared to have serious consequences for the children's ability to learn as they were unable to focus on a single task. On the other hand, the effects of the children in school were also worrying for parents who felt that both their children and themselves as parents risked being branded difficult. For one mother, *'... he is not able to follow school rules, playing with other children, sitting to work ... I think he causes quite a bit of disruption in the school too'* (BF4).

5.2.4 Showing reckless behaviour

More worrying perhaps for the parents was the constant fear that their children's lack of concentration and need to move could put them in physical danger. Parents talked about having to keep constant watch on their children to prevent them from seriously hurting themselves by climbing out of windows, running into oncoming traffic without warning or even climbing out of their special seats and opening the car doors whilst travelling at 70 miles an hour! During the course of an interview with a family, the child, present and playing a few metres away in the same room, almost managed to knock down a desk and computer onto himself. In a telling reaction, his mum commented,

'... with [child's name], as you can see, (laughs) ...he finds mischief wherever he is and he can be quite a handful so I tend not to visit many places or to go out.' (BF4).

In extreme cases, children's reckless behaviour would extend to the point of self-harming. Parents reported stories of children who tried to hang themselves with shower curtains, who threw themselves down flights of stairs, who could not be left near any sharp objects or out of eye's view for fear that they might seriously hurt themselves. The opposite was also present. These were children who were all fearing, who could not make friends and lived in their little shells, who woke up screaming every night from bad dreams or who showed other signs of developmental problems with their speech,

motor coordination, bladder control and ability to respect daily routine transitions such as meal, play and bed times.

Finally, a common trait in many of the characteristics described above was the unpredictability of these children's behaviours. This characteristic appears to be a fundamental factor in the list of stressors for many of the parents interviewed as it made their parenting very difficult. Parents would talk of all loving children who could turn without warning and become physically and verbally aggressive and nasty to them and their siblings. Alternatively, parents described children who, whilst finding it difficult to concentrate and showing reckless behaviour, would at times have short moments of lucidity in which they seemed to understand the fears and emotions they created in their parents, only to return to the same pattern moments later.

5.2.5 Consequences for parents

The first and most common effect reported by parents was a feeling of general exhaustion. Parents would describe their caring for children as a constant process that included tasks such as supervision, caring, prevention of accidents. They would describe this process as 'a constant battle' with children who would just not sit still, not eat their food, not go to sleep, not stop screaming. In many cases, parents used the same expression to describe caring for their children as something they did 24 hours a day, seven days a week. They described sleep deprivation, tiredness, irritability, general exhaustion and, ultimately, inability to parent.

These effects had a number of emotional consequences for the parents interviewed. A common theme referred to the feeling of being kept under siege by their children, held to ransom or simply bullied. The lack of control over their own lives, timetables, routines, coupled with the feeling of powerlessness associated with their children's tyrannical regimes, led parents to suffer a complex web of feelings and emotions. A common emotion was anger, as parents confessed to having been '*at the end of their tether*' on numerous occasions and to having resorted to physical punishment or to understanding the emotional anguish that leads many parents to doing so. Other effects of anger were expressed as '*damaging relationships*' with children who were simply '*too difficult to love*' on occasions.

Parents did not suffer the consequences of parenting difficult children at the individual level only. Marital relationships between parents suffered also as a result of unmanageable children's behaviour, leading to disputes about how to parent and

increasing the sense of failure. Thus, child-parent relationships spiralled out of control, the impact of which was that they became damaging for the family as a whole.

At a different level, difficulties parenting children could, in some cases, affect the family's ability to interact with the wider world. Often reinforced by the perceptions and reactions of others, parents were made to feel inadequate as parents who could not control their own children. This element of judgment from members of their own extended family could sometimes extend to their communities or even to professionals, leaving them feeling guilty and unable to parent.

'With me, he [child] knows how much he can push it sometimes and that. [...] I think what it was, is that when their dad walked out I went all soft on them and they could get away with murder and walk all over me which ... it was my own fault really, I don't think I was a good parent to be honest.' (BF12).

The process of losing confidence in their own parenting abilities was very poignantly expressed by a mother:

'The other mum just got angry and came to me and said 'well, I think you should watch your child' and she took her child away from the pool. It's horrible. Now, that, really knocked me right down again because, she [other mother] hadn't got a clue about [child's name] and I would never judge a child like that. So that's a valuable lesson, I would say, I would never judge a person like that, ever. Because that really wasn't nice. We [mothers] were both there and nothing happened but just because there is no obvious physical disability with him or something like that people ... It doesn't mean that there might not be a mental disturbance. I really hope her child never turns out to be like that because that was not nice; I was really really upset about that.' (BF13).

Her description of *'being knocked right down'*, vividly describes the feelings of loss of confidence that parents described in relation to parenting a child with behavioural difficulties, as well as the judgemental reactions from other parents who do not understand the mix of emotions and stresses parents with difficult children find themselves under. Two very common behavioural reactions were reported by families. The first was a reluctance to go outdoors with their *'problem'* children. Perfectly common activities like going to the supermarket, the playground or the park became challenging and avoided for fear of the judgements, stares and comments of other people. Parents of *'problem'* children were reporting that the situation had made them prisoners in their own home. In many cases, this further exacerbated their sense of powerlessness, isolation, and ability to tackle problematic behaviour effectively.

The second, very common strategy to deal with the situation that was being reported by parents was their attempt to 'medicalise' their children's behaviour or their own feeling of powerlessness. On the former, independently of whether their children belonged to the 50% of all children who show significant difficult behaviour at some point in their development process (Buchanan and Hudson, 2000), parents had tried to seek medical help for their children. Typically, they would visit their GP to express their fears for the series of behaviours they were experiencing at home.

Unfortunately, in some cases, reported experiences with GPs seem to point towards disappointing encounters with services that did not appear to listen to their needs nor believe many of the behaviours described by parents. Interviews with parents suggested that their concerns were being regularly dismissed. The incomprehension of outside professionals extended also to school, where a number of the families interviewed appeared to have encountered either indifference to their plight or even hostility at their attempts to follow through their children's statementing procedures.

Alternatively, families appeared to externalise the effects that their children's behaviours and the general levels of family distress into conditions that affected them as individuals. Parents recounted how their feelings of being overwhelmed by their situations were presented to, read and diagnosed by health professionals as depression. A number of parents who were interviewed for this study were or had been taking antidepressants at some point during or before their period of contact with Branches. Often, the interview revealed, parents related their condition in part to the pressures of parenting children with difficult behaviours.

5.3 Interventions

Any intervention requires an appropriate needs assessment exercise. Parents spoke of the opportunity that an open and trusting relationship gave them to offload their feelings of parental incompetence and to describe as accurately as possible their anger, frustration, guilt and the circumstances that made their life so difficult to cope with.

Interviews with professionals and families as well as observations of professional-client interaction revealed that there were many types of interventions for parents with problematic children. Some were based on group work with the parents, and others involved working with the individual families. Most of them concentrated on providing parents with training and skills that would help them manage specific areas of their children's behaviour, often through the use of videos that provide familiar scenarios of

typical parent and child interactions and stimulate discussions about practical solutions and optimal coping mechanisms. This was often enough because most behaviour issues presented by children are normal within their various developmental stages. When no other issues or factors play a part in the assessment of need, group work might be the most appropriate intervention to give parents tips about how to handle daily situations and to reassure them about their parental ability.

5.3.1 Group activities

Webster-Stratton behaviour modification programmes were not the only group-based activity delivered by the Branches Project. A range of tailor-made group activities, the length of which varied between six and twelve weeks, have been designed and implemented by the Branches Project. Although Webster-Stratton-based activities remain the core of the activities delivered, these courses also use other theoretical models of behavioural modification (for example Lee Canter positive discipline). Many of them are designed to address specific needs. Examples of these courses are:

- Making Changes;
- Parents R Us;
- Coping with Kids;
- Baby Massage.

There are other group activities such as residential courses for families attending the Webster-Stratton behaviour modification programme where families and FSWs can sit together to discuss in group some of the issues observed around child and parental behaviour that they might be able to improve:

- experience, observe and understand parent-child relationships;
- make further assessments of individual family problems;
- introduce into a daily routine practical examples of some of the issues discussed during group-based parenting classes;
- provide formal opportunities for parent-child increased levels of bonding by removing them from the physical context of parenting (for example, if poor housing conditions impinge on these possibilities);
- provide opportunities for the creation of a memorable 'bank' of positive experiences and memories for the children;
- have the opportunity to discuss formally with parents the issues raised during the length of the residential experience;

-
- parents are able to take time away from their everyday home lives, facilitating the implementation of positive relationships with their children (for example, allowing parents to spend quality time with their children and play more with them);
 - parents can get to know other parents who might share their frustrations and daily stresses, which might facilitate an increase in their circle of friends, increases in social capital, helping in turn reduce social isolation;
 - parents could learn new behaviours regarding healthy eating, routine setting and behaviour standards with their children.

The ethos of the residential as an 'activity holiday' was one of a communal experience of systematic activities for parents and children alike. Workers were there to facilitate the delivery of planned activities, to provide support in specific instances, set a routine of daily tasks and have time with parents (in group and individually) to discuss particular events of the day and issues related to their children and their behaviour. In all, these experiences are designed to help build parental self-esteem, create informal self-supporting networks of parents, decrease social isolation, foster resilience and coping mechanisms in parents. In essence, these group activities appeared to address similar issues to those that seem to be intervened upon through individual home visits.

5.3.2 Individual home visits

Individual home visits constitute the second type of intervention implemented by the Branches Project. Individual home visits always accompany group-based interventions and are designed to be tailor-made to the needs of each family. Together, they constitute a complete support package. Individual home visits are the basic element that provides sustenance to the entire Branches-family relationship. One of the key successes of Branches lies in its ability to contact families, create a successful relationship with them and maintain that relationship throughout the length of the process discussed earlier. The basic principle of this contact has been described by workers as being one of nurturing parents and their belief in their own ability to parent successfully and manage their early signs of crisis.

A trusting relationship between the FSW and the families is a necessary key element to achieving successful outcomes. This relationship, however, has a series of purposes. Firstly, it is to gain a highly accurate picture of the family circumstances and achieve a thorough assessment of needs. The assessment step discussed earlier does not take place in a single visit but is an integral part of the continuous relationship with the

family, as crucial findings about a particular parental or child need are only liable to occur after successive home visits. Examples of this are apparent in interviews with FSWs and families that describe the evolving 'unlayering' of intimate issues that affect the family's well-being. This 'unlayering' process can take place over weeks. A FSW is unlikely to reach the conclusion that a child is at risk in her/his first home visit or that a mother will disclose sensitive information about her own childhood that might help explain current parenting practices in the first week of contact with the service.

Individual home visits provide the key information that allows the FSWs to make these visits part of the process of addressing the root causes of the issues that first brings families to Branches. Closely linked to the process of creating a trusting relationship with families is the possibility of offering tailor-made, individual support to parents and children. For example, families described receiving a service based on listening and befriending. This is particularly required in those cases where social isolation is an important element affecting family dynamics. Listening and befriending can also be necessary in those cases of depression, as well as providing the necessary support for families showing signs of marital stresses and problems. Here the service moves to the area of provision where counselling skills are needed.

Individual support can also include a whole range of support and help services with practical issues and problems. Examples of this are the mother of four children under the age of five who needed practical help to plan her morning routines to be able to ensure that the children attended their school and nursery on time; the family whose mother was terminally ill and required a certain degree of weekly respite from the children; and, the socially isolated young mother who needed accompaniment to be able to leave the house and make use of public transport to reach goods and services. These instances of support were highly particular to the needs of the family and provided a direct solution to specific practical problems, contributing in this way to family well-being. This also includes the intensive, positive effort involved in accompanying them to weekly group sessions organised by the service.

Accessing services can also be seen as part of the practical forms of help provided by Branches. Indeed, this need is often associated with lack of knowledge about the services that are available for specific needs, as well as a lack of confidence to make use of those services. In the case of Branches, the service has introduced a high number of families to the services provided by Sure Start in their areas. Furthermore, parents of children who could benefit from these services are being physically

accompanied to them for a period of time until they become able to do this by themselves. An example of the progress that can be made through individual support to access services is that of parents who have gone from not being able to leave the house with their children to joining their local mums and tots group and eventually joining the parent management group at their local Sure Start.

Accessing services also denotes the ability of a service to provide the best possible intervention by making appropriate referrals. In the case of the Branches Project, the assessment process, coupled with a realistic, achievable care plan and follow-up, allows the service to make appropriate referrals and guide families through the process of coming into contact with new services. There were examples of referrals to the Citizens Advice Bureau for serious financial problems, CAMHS for children with mental health needs and specialist advice and guidance for parental education and employment needs.

A common theme that emerged from the interviews relates to the parents' inability to access services and make their voices heard. People described having difficulty receiving the help they needed from many of the statutory services. As a result, Branches professionals appeared to be taking on the role of mediators between their clients and other services. Examples of this were parents and schools and, in some cases, parents' relationship with the courts, especially in regard to family law matters. Finally, interventions based on advocacy have also served the purpose of meeting other types of need, including the informal arbitration and support in neighbourhood disagreements and tensions, informing the relevant authorities and improving social integration.

5.4 The outcomes

This section has been developed from interviews with parents and professionals as well as from the analysis of case notes. It focuses on the outcomes described by families and professionals after completion of the Branches process. The point of this section is to ask: what difference did this 'journey' actually make?' It provides evidence of the cognitive changes that take place in families which have undergone the Branches process and builds a theoretical understanding that can both explain changes and inform the shape of future interventions. The narrative is further supported by secondary evidence about the impact of highly specific parenting programmes that is corroborated by families. The section is linked to a summary table In Appendix 3 that lists the following; a range of needs presented by a cross-section of

the families attended by Branches; some of the interventions implemented to deal with those needs; some of the outcomes achieved by the service in its dealings with families; a link to the target outcomes in 'Every Child Matters' (DfES, 2003) as well as a selection of routinely collected indicators that will reflect the partial contribution that the Branches service makes through its interventions towards the outcomes measured by those indicators.

Interviewees described a number of benefits which can be classified in two main categories. The first category contains some of the overall states of well-being achieved by families who had completed the Branches process. The second category contains some of the individual gains of specific intervention areas that, together, made up the whole support package.

5.4.1 Overall states of well-being

The most commonly reported overall state of well-being achieved by families who had completed the Branches process was one of less stress and anxiety. Almost half of those parents interviewed who had reported having taken antidepressants due to parenting stresses said they were now living medication-free lives or considered to have their depression under control. On the whole, however, interviews revealed positive outlooks of parents who had gone from states of mind reflected in the terms *'not being able to cope'*, *'depressed'*, *'giving up'*, *'being alone'* to ways of describing their current status with terms such as *'I know I'm not the only one'*, *'I can cope'*, *'I have control of the situation'*. The renewed sense of optimism, hope and empowerment described by parents was often directly related to the interventions implemented by the Branches service. For example, parents often talked about their new understanding of child development and acquired parenting skills which had, in turn, led to a newfound positive relationship with their children and an ability to enjoy the process of parenting.

At other times, their general levels of well-being were described as part of a more global road towards recovery that the Branches Project may have aided. The individual narratives of parents and families often had a cumulative and progressive character where being able to deal with the trigger of the process of downward spiral led to other areas of life being dealt with and improved beyond the original situation. In the case of one mum whose marriage came to an end after twelve years, leading to depression and behavioural problems with the children, parenting support from the Branches Project led to a much improved relationship with the children, better relationships and a new collaborative approach with the school, as well as a regained sense of control

about life. This in turn led to mum seeking and gaining employment, a new experience for somebody who had been a full time parent for many years. The newfound sense of pride and self-worth led a number of parents to find new and happy relationships, such that, interviewees argued, their lives were now better than before things started to go wrong.

These global paths to recovery were a common feature of many of the parental narratives. They provide a clue about the mechanisms that act upon families' circumstances and the ways in which small interventions from family support services can break the downward spiral into a crisis and help initiate the reverse process. This process can be described in terms of a 'snowball effect' whereby small steps in the process of recovery initiated and guided by the FSW give families the confidence to tackle greater changes, which in turn, affect other areas of the family's life.

5.4.2 Individual gains

Parents reported benefits that were the direct result of interventions by the Branches Project in a number of areas. Many of them discussed the effects that long-term social isolation was having on their well-being and said that Branches had helped them see this and had helped them increase their social networks by suggesting social activities they could take part in or by introducing them to people in similar circumstances. Groups often had this positive and unintended outcome as parents who participated in some of the Webster-Stratton courses claimed to feel great relief at the knowledge that they were not alone in having 'problem' children. They also found the social benefits of having a new circle of friends extremely helpful and were in contact with friends who they had met through the course many months later. Sometimes Branches had also helped increase the level of access to new services. A number of families from Sure Start areas were not accessing services for lack of confidence in leaving the house and meeting new people. Branches accompanied and introduced them to some of these new services and people. In other cases, the relationship of certain parents with their children's school had deteriorated either because of their children's behaviour or because parents lacked the skills to deal with education professionals effectively. Interventions instigated by the Branches Project often resulted in parents being more able to vocalise their needs and difficulties to the school and receive the support they needed for their child.

Parents also reported a clear reduction in daily stresses and depression. Almost half of those who claimed to have taken antidepressants felt better and were in remission after

having been in contact with Branches. Also, an almost universal feeling among parents was one of regained self-esteem and control over their lives. This could be inextricably related to the medication also and it is not possible to estimate exactly how much of the recovery was due to the medication and how much to the support received from Branches, or other factors.

In certain cases of post-natal depression, the extra support received from Branches included providing a listening ear, the suggestion to write emotional diaries that could be discussed in weekly meetings or even the referral to various types of counselling linked to weekly home visits. Families reported improved levels of mental well-being after the support received from Branches. Linked to this is the level of emotional support that the service is able to provide for families in distress through their as-often-as-required visits, a type of support that sometimes requires an outsider to be effective, as one mother interviewed recalled,

'Basically, I can tell her [FSW] anything, anything going on at any one time, I can offload it on [FSW's name]. She always had the right thing to say and it's nice to have someone outside of the family as I haven't got my mum anymore, I can't speak to my mother in law, I just couldn't tell her all those personal things ... so it was nice.' (BF1).

Achievements, benefits and outcomes were also expressed in relation to this aspect of their lives. Families often reported greater understanding of the process of parenting, even when they were 'experienced' parents of other children who had not caused them the same levels of distress. Contrary to the commonly held assumption that parents do not think they need help parenting, this study found that the vast majority of parents interviewed were desperate for advice which they found difficult to find until they contacted Branches. In a case of a family with two children, the youngest one of whom had been diagnosed with ADHD, the mother found the parenting techniques she was able to learn from Branches FSWs extremely helpful and was thus able to refer to her new knowledge as 'crucial' to her life changing experience. In the case of a mother of two adopted children, her comment that they did not come with a manual encapsulates the sudden change brought about by family life and the need for quick and effective parenting knowledge in order to cope with an extremely demanding new family situation.

Related to the aspects of knowledge about parenting were families' attitudes to bringing up children. Whereas the section on 'problems' produced a picture of parents who felt simply dejected, defeated and unable to cope, interviews provided a picture of

parents who had replaced their previous sense of stress for a sense of relief at first, and finally enjoyment of their lives. Relief was first described, as parents whose search for help had been met with the dismissing attitudes of some professionals found that FSWs had listened to them. Parents were able to describe newfound positive attitudes to the daily tasks associated with parenting, which they saw as helping them defeat the stigma associated with having a child with challenging behaviour. More positive attitudes made parents more able to go out with their children and cope with the public scenes provoked by their children's inappropriate behaviour at times, thus reinforcing their sense of control and diminishing stress associated with parenting.

All these outcomes in parents' attitudes to, and knowledge about, parenting would not be possible without significant gains in real parenting skills. The model of parenting support developed by Webster-Stratton lies at the heart of most parenting support interventions offered by the Branches Project. Parents reported having made real progress in their parenting as a result of these interventions and, consequently, in their children's behaviour. Their achievements included consistency in their parenting, increased ability to communicate and negotiate with their children, set daily routines and the ability to set clear behavioural boundaries. Recurrent conflict times in the house such as mealtimes or bedtimes were successfully dealt with by some of the techniques learnt and, as a result, the family benefited from diminished levels of stress that were reflected in punishment becoming less necessary and positive rewards taking their place. Increased understanding of signs and cues from the child's behaviour could now be quickly dealt with before a crisis developed.

A common feature of parents' accounts of their journeys of seeking and receiving help to exit the 'downward spiral' is their understanding of the process by which relationships were transformed inside and outside the house. For example, one parent said:

'Now his grandparents take on board the ground rules we have in place and they can cope with him [child]. Before, you just couldn't go out for an evening because nobody was prepared to take on [child's name]. But because I have been able to forward all these skills to my parents they are a lot more relaxed about taking him for a while on an evening. I just couldn't do this before [...] Before, it was unreal. I just felt 'this is it, this is my life'. I just feel so much better now. And the relationship with my other children has improved. I just feel I was spending so much time on [child's name] that he was the only topic of conversation. I missed out a lot on what the others [other children] were doing. The young one has just gone to the army and I missed out on all that process. My parents took him to

meetings to find out about it and that. I felt guilty about that then but I am glad it has worked out really well. I wished I had been more available for him.' (BF9).

Parents also argued that the removal of stress factors associated with new parenting skills brought up a new level of enjoyment to the process of bringing up their children. This was often reflected in their ability to communicate with them better, to laugh more and to increase the amount of playtime and the quality of play with their children. In short, a number of parents argued that the interventions, reinforced by better parenting, were being rewarded by better-behaved children. Together with the positive feelings of being capable parents that stemmed out of their new relationship with their children, parents reported that Branches had made them able *'to love my children more'*. Where a return to normality was not a realistic expectation due to underlying neurological or psychiatric reasons for a challenging behaviour, the parenting techniques and associated interventions still provided respite from stress, as many of them were useful for helping parents keep a sense of proportion of the situation and increased their ability to manage crises.

'I can cope; I can take him [child] along to the supermarket, which I could never do before because now I have the skills to cope. I don't worry about other people and what they think. People staring ... I don't take that on board anymore. I don't panic about how badly behaved he is.' (BF9).

Sometimes, parents described how their journey with Branches went from total desperation to unrealistic expectations and eventually to a sense of understanding of their children and of their conditions, coupled with a greater ability to cope and, ultimately, accept their children for what they are.

Finally, children's behaviour had in many cases ceased to be a problem or improved considerably, due to parenting techniques based on the Webster-Stratton model. The Branches Project has undertaken steps to measure the degree of effectiveness of some of its more systematic interventions. Following existing standardised behaviour measuring tools, all parents attending behaviour modification groups are asked to complete a number of questionnaires before and after the courses. Recently introduced, the Strengths and Difficulties Questionnaire (Goodman, Ford, Simmons, Gatward & Meltzer, 2000), provides a well-validated measurement of children's emotional and behavioural difficulties on a number of scales. The second toolkit recently incorporated into the evaluation activities of Branches is the Parenting Daily Hassles Scale (Crnic & Greenberg, 1990), which assesses the intensity of twenty

parental daily 'hassles'. Both have been incorporated into the evaluation activities of Branches and will become an important element in developing an evidence-base for the service.

That the Webster-Stratton behavioural management model works is no longer in doubt. Systematic reviews of the literature have attested to this, arguing that it is not only proven to improve children's behaviour but that it is also cost-effective (Moran, Ghate & Van der Merwe, 2004). Another study cited in the same review also concludes that the Webster-Stratton parenting programme is effective in reducing conduct problems in young children, showing a preference for group-based programmes (as Branches practices) rather than individual-based training because it has been seen to be more cost effective and because it helps parents create self-help groups that provide a strong emotional support element as part of the process of making changes in the home. Interventions based on behavioural management techniques have also been shown to be effective in children with ADHD. ADHD, a known risk factor for antisocial behaviour in adulthood, has a neurobiological component but can be exacerbated by poor parenting and often leads to high levels of parental and familial stress. Although the pharmacological route to treatment is often unavoidable, a number of studies argue that a combination of medication and behaviour modification and management techniques (such as social reinforcement for positive behaviour, time out for misbehaviour and so on), may lead to either a lower dose of psycho-stimulants being required, or - when parent training takes place early in the life of the children - to their avoidance (Moran, Ghate & Van der Merwe, 2004).

Chapter 6

Discussion

6.1 The evidence

This report has emphasised that whereas the sources of family stresses are varied, family support services are limited to acting upon the family and individuals within it to help them change their circumstances or address a variety of coping mechanisms. There are methodological implications for the evaluation of family support services also explored in the report. Given that family support services work at the family level to help change individual behaviours, knowledge and resources, they contribute to this process with an infinite number of interactions. Measuring and attributing causality to each individual factor is an impossible task. Instead, the realistic school of evaluation argues in favour of using a multiplicity of methodologies in order to explore and examine the mechanisms and paths that might lead individuals into positive trajectories towards nationally established outcomes (Pawson & Tilley, 2000). In this case, both the nationally agreed outcomes for children and the indicators that will be used to measure them are part of the National Service Framework. This report explores a number of key elements in the Branches Project that can facilitate or obstruct the progress of families and individuals towards those outcomes, in relation to the service, the needs, the interventions and the outcomes.

6.2 The Branches Project

Analysis of the service process has showed that the Branches Project is relatively successful at contacting, engaging and maintaining a positive relationship with parents and families. Interview data showed a relatively high rate of self-referrals to the service. This, and the ability of the service to engage with users for periods of six weeks upwards, points towards an image of the service that is positive with users and based on collaboration rather than intrusion into families' lives. It also suggests that users are satisfied with the service received and show a high degree of trust in their FSW, a view that was corroborated by the interview data.

Levels of contact between the service and its client group also were relatively frequent at one contact per week. At first sight, this would appear to suggest that the service provides rather intensive levels of support and would tend to contradict the generic understanding of preventative services (as the Branches Project has been designed to be) with low-level intervention in intensity and duration. However, recent studies have

established that the generic term 'preventative services' does not necessarily mean either low levels of involvement or involvement that takes place early in the life of the child (Axford & Little, 2004).

In spite of this, there were issues related to the recruitment and retention of families through the Branches process. The leakage of users was estimated at 40%. This means that this percentage of users withdraws from having contact with the Branches Project either because the relationship with the service has failed or, because the family might take the view that they have fulfilled the objectives they set out to achieve originally. However, users appear to be much more likely to not engage at the very beginning of their contact with the Branches Project than they are to drop out. This is because the relationship that characterises the service with its users is generally regarded in positive terms which would guard against late drop-outs. An interview with a professional produced insights regarding this issue. One common characteristic of families contacting the service is their low level of self-esteem and a belief that they are '*doing a good job*' as parents. This invariably increases as families are nurtured into some form of self-belief as part of the interventions put in place by Branches. When the levels of empowerment and self-belief recover adequately, families are sometimes able to argue their case for no further professional involvement. In this explanation, the relatively large percentage of families who do not complete the original service process would be part of the success of the service to empower individuals to take charge of their lives.

6.3 Families' needs

Many of the issues and problems described in the report do not easily fall within clear categorical boundaries or 'diagnostic' groups. Neither are their origin and severity easily identifiable nor measurable. The vast majority of referrals to family support services are received as a result of what appear to be behavioural problems in the children, closely followed by parental social isolation and depression. This appears to follow the existing evidence suggesting that the size of the problem (in terms of the numbers of children whose behaviour is cause for concern or a key element in family levels of distress) is increasing (Rutter, Giller & Hagell, 1998).

According to Buchanan (2002, p. 253) "Children's psychological well-being acts like a barometer of how well a family is coping". Most of the work of the Branches Project has this concern at heart even though the issues are frequently multifaceted and complex. However, this does not appear to mean that health interventions in the form

of psychiatric interventions are necessarily the best way to proceed. Indeed, social and educational solutions are needed the most, within an ecological understanding of the risk factors that lead to behavioural problems (Buchanan, 2002). The Branches Project follows NCH-led practice and has implemented a model of assessment that takes into account the ecological understanding of risk factors.

The experiences reported by parents follow a clear pattern of 'outwards spill'. Emotional and behavioural needs in the children affected not only their relationship with the parent but were often at the heart of parental and wider family discord and could further spill into the community or the relationship of the family with professionals and services. This description basically fits with the findings from other similar studies. In the case of Webster Stratton, she has called the process described in the previous pages as 'the ripple effect' (Webster Stratton & Spitzer, 1996). This theory contends that the child's behaviour "...has consequences that radiate outward from the child in ever-widening circles, affecting first the parents, then the marital relationship, then other siblings, then the extended family, and then the family's relationships with the community" (Webster-Stratton & Spitzer, 1996, p. 22). It is at the point of affecting the community that the link between behaviour and antisocial and criminal behaviour in later life is found. Therefore interventions leading to tackling this downward spiral need to be able to break the linkages that exist between the various stages in this trajectory.

Behaviour management issues do not occur in a vacuum nor are they necessarily the spark that ignites family distress but a consequence of other factors. As a result, the root cause of the downwards spiral could be located at any one of the different levels that, according to the ecological framework of family needs, affect the family's well-being and the children within it. For example, the original 'trigger' could be parental strife and separation or a combination of risk factors linked to 'catalysts', leading to an emotional or behavioural problem in the child that could recover on his or her own given the time but that the previous risk factors might worsen. What the evidence suggests is that the Branches Project's model of provision has understood the importance of tackling the children's emotional and behavioural needs as these appear to have the most corrosive effect on families' well-being.

6.4 The interventions

In line with most models of family support, the underpinning ethos of the Branches Project is that parents are the key agents in changing all manner of prevalent behaviours in their households, whether it is in themselves or in their children. As a

result, parenting interventions or interventions intended to support directly the parents in the family often form the backbone of family support programmes because of the associations between harsh, inconsistent parental discipline, poor monitoring and supervision, and emotional and behavioural problems in children (Loeber & Dishion, 1983).

The types of interventions available to solve parenting problems change according to the age group of the children concerned, the severity of the behavioural problem that is presented, the type of family and the context in which the service is delivered, whether at home or in a community setting. In the case of the parenting support interventions chosen by the Branches Project, both the preventative character of the interventions needed and the age groups of the children concerned have led the organisation to opt for parenting interventions based on the Webster Stratton model of behaviour modification. This model aims to reduce conduct problems in children by enhancing their social competence and promoting the development of protective factors.

6.5 Outcomes and distance travelled

All reported benefits and outcomes described in the report were time-bound to the period of contact with the Branches Project. Thus, it remains to be seen whether these outcomes are sustained in the long term. In this regard, it makes more sense to talk about 'life trajectories' or 'distance travelled' by families after their 'journey' with the Branches Project than it does to talk about 'outcomes' in the strict sense of the word. This is especially relevant to final outcomes such as those measured by the series of indicators described in the Every Child Matters Outcomes Framework which generally measure the prevalence of certain 'negative outcomes' (such as registrations on child protection registers) in individual areas (such as a local authority, a ward, a school) or cohort of children. The outcomes table (Appendix three) makes the link between needs, interventions, immediate Branches-delivered outcomes and their link to national outcomes.

In this regard, the 'narratives of recovery' presented by the families interviewed constituted a general set of positive 'life trajectories' as opposed to fixed states of being. These narratives have endeavoured to provide valuable understanding of the processes and mechanisms by which family-level recovery can take place. The 'snowballing effect' metaphor was used to describe the ways in which some of the small, task-based interventions instigated by the Branches Project can lead to

successes, leading to medium range benefits and eventually family level improved outcomes.

6.6 Conclusions

Some of the most important assets and contributions of the Branches Project are:

- the service is highly regarded by families as demonstrated by its ability to maintain a professional relationship (that is non-judgemental, open, trusting and so on) with a large percentage of families contacted;
- because of this trust, the Branches model of prevention-level family support has been very successful at gaining access to the home of service users and is ideally placed to carry out common needs assessments and coordination of other prevention-level services;
- the intensity and flexibility of the programme in terms of meeting the needs of the individual child and family;
- there is a large amount of parental control and joint decision making that takes place between parents and family support workers;
- multi-component programmes show the most promising results, that is, those that tackle concurrent family problems such as marital conflict and parental depression in addition to child behaviour problems;
- the parenting support aspects of the interventions by the Branches Project are delivered with close attention to programme integrity (that is, they follow a step by step process, with a clear curriculum, and monitored delivery).

This evaluation has unearthed evidence to suggest that the Branches Project compares well with the framework proposed by Moran, Ghate, and Van der Merwe, (2004) identifying the range of characteristics that constitute a successful family support programme and which was identified in the literature review.

The Branches Project has spearheaded two developments in the provision of services. The first is tackling the limitations of Children's Fund's eligibility criteria of five to 13. The strategic decision to subsume family support services from Sure Start into Branches seems a valid one. It will provide the continuity that parents want, avoid replication of provision or loss of contact and permit the engagement of families with only one family support service at a time where siblings of different ages are present in a family in receipt of support. The experience of Jolly Giraffe Sure Start and Dino Sure Start seems to reinforce this recommendation.

The second is the decision to extend the provision of the Webster-Stratton model of behaviour management to schools and teachers. Teachers, particularly in primary education, constitute the second biggest adult influence in the emotional and behavioural development of children (Grimley, Morris, Raynor & Riding, 2004). The extension of Webster-Stratton-based training to the teaching population currently being piloted will fill a gap in the implementation of the Webster-Stratton model but might also have positive outcomes in the levels of co-operation developed between parents and schools.

References

- Aber, J. L., Jones, S. & Cohen, J. (2000). The Impact of poverty on the mental health and development of very young children. In C.H. Zeanah (Ed.) *Handbook of Infant Mental Health* (pp 113-128). New York: The Guildford Press.
- Axford, N. & Little, M. (2004). *Refocusing Children's Services towards prevention. Lessons from the literature*. Dartington Social Research Unit. DfES Research Report RR510.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35, 320-335.
- Bowling, A. (2002). *Research Methods in Health*. Buckingham: Open University Press.
- Buchanan, A. and Hudson, B., (2000). *Promoting Children's Emotional Well-Being*. Oxford: Oxford University Press.
- Buchanan, A. (2002). Family Support. In McNeish, D., Newman, T. and Roberts, H. (Eds.) *What Works for Children? Effective Services for Children and Families* (pp. 252-273). Buckingham: Open University Press.
- Bronfenbrenner, U. (1977). Towards an experimental ecology of human development. *American Psychologist*, 32, 513-531.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge: Harvard University Press.
- Cawson, P., Wattan, C., Brooker, S. & Kelly, G. (2000). *Child Maltreatment in the UK: A Study of Prevalence of Child Abuse and Neglect*. London: NSPCC.
- Crnic, K.A. & Greenberg, M.T. (1990). Minor parenting stresses with young children. *Child Development*, 61(5), 1628-1637.
- Crokenberg, S. & Leerkes, E. (2000). Infant social and emotional development in family context. In C.H. Zeanah (Ed.) *Handbook of Infant Mental Health*, (pp 60-90). New York: The Guildford Press.
- Department for Education and Skills. (2003). *Every Child Matters*. London: HMSO.
- Department for Education and Skills. (2004) *Every Child Matters: Change for Children*. London: HMSO.
- Department for Social Security. (1993). *Households below average income 1979-1990/1*. London: HMSO.
- Dietz, T. L. (2000). Disciplining children: characteristics associated with the use of corporal punishment. *Child Abuse and Neglect*, 24(12), 1529-1542.
- Garbarino, J. & Kostelny, K. (1992). Child maltreatment as a community problem. *Child abuse and neglect*, 16(4), 455-464.
- Ghate, D. & Hazel, N. (2002). *Parenting in poor environments: stress, support and coping*. London: Kingsley Publishers.

-
- Goodman, R., Ford, T., Simmons, H., Gatward, R., & Meltzer, H. (2000). Using the Strengths and Difficulties Questionnaire (SDQ) to screen for psychiatric disorders in a community sample. *British Journal of Psychiatry*, 177, 534-539.
- Gray, J. (2003). National Policy on the assessment of Children in Need and their families. In Ward, H. and Rose, W. (Eds.) *Approaches to Needs Assessment in Children's Services* (pp. 169-194). London and New York: Jessica Kingsley Publishers.
- Grimley, M., Morris, S., Raynor, S. & Riding, R. (2004). Supporting school improvement: the development of a scale for assessing pupils' emotional and behavioural development. *Assessment in Education*, 11, 3, 273-300.
- Halpern, R. (2000). Poverty and infant development. In C.H. Zeanah (Ed.) *Handbook of Infant Mental Health*, (pp 73-86). New York: The Guildford Press.
- Hashima P. Y. & Amato, P. R. (1995). Poverty, social support and parental behaviour. *Child Development*, 65, 394-403.
- Hardiker, P. (2003). A framework for conceptualising need and its application to planning and providing services. In Ward, H. and Rose, W. (Eds.) *Approaches to needs assessment in Children's Services* (pp. 24-38). London and New York: Jessica Kingsley Publishers.
- Hoghugh, M. & Speight, A. (1998). Good enough parenting for all children: A strategy for a healthier society. *Archives of Disease in Childhood*, 78, 293-296.
- James, O. (1995). *Juvenile violence in a winner-loser culture*. London: Free Association Books.
- Kim-Cohen, J., Moffitt, T., Taylor, A., Pawlby, S & Caspi, A. (2005). Maternal Depression and Children's Antisocial Behaviour: Nature and Nurture Effects. *Archives of General Psychiatry*, 62, 173-181.
- Loeber, R. & Dishion, T. (1983). Early predictors of male delinquency: a review. *Psychological Bulletin*, 94, 68-99.
- Moran, P., Ghate, D. & Van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence*. Policy Research Bureau: DfES research report RR 574.
- Palmer, G., Carr, J. & Kenway, P. (2004). *Monitoring Poverty and Social Exclusion 2004*. London: Joseph Rowntree Foundation.
- Office for National Statistics (2005). *Output geography*. Retrieved on 12.03.2005, from <http://www.statistics.gov.uk/census2001/op12.asp#products>
- Parton, N. (1985). *The politics of child abuse*. London: Macmillan.
- Pawson, R. and Tilley, N. (2000). *Realistic Evaluation*. London: Sage Publications.
- Pelton, L.H. (1994). The role of material factors in child abuse and neglect. In G. B. Melton and F. D. Berry (Eds.) *Protecting children from child abuse and neglect: foundations for a new national strategy* (pp. 131-181). New York: The Guilford Press.

Perry, C., & Thurston, M. (2002). *Supporting Parents in Halton: Challenges and Opportunities for Service Development*. Chester: Centre for Public Health Research.

Prilleltensky, I. (2005). Changing Change Agents? From Amelioration to Transformation in Helping Organizations. *Community, Work and Family: 'Change and Transformation'*. Conference Proceedings. Retrieved on 17.03.2005, from <http://www.did.stu.mmu.ac.uk/cwf/cd/abstracts/Isaac-Prilleltensky.doc>

Robson, C. (2000). *Small-scale evaluation*. London: Sage Publications.

Ross, C. E. & Huber, J. (1985). Hardship and depression. *Journal of Health and Social Behaviour*, (26), pp. 312-327.

Rutter, M., Giller, H. & Hagell, A. (1998). *Antisocial behaviour by young people*. Cambridge: Cambridge University Press.

Smith, C. (1997). *Developing Parenting Programmes*. London: National Children's Bureau.

Social Services Research and Development Unit. (2002). *Halton Family Support strategy: key findings and recommendations*. Oxford: Oxford Brookes University.

Vondra, J. (1990). The community context of child abuse and neglect. *Marriage and Family Review*, 15(1/2), 19-39.

Webster-Stratton, C. & Spitzer, A. (1996). Parenting a young child with conduct problems: new insights using qualitative methods. *Advances in Clinical Child Psychology*, 18, 1-62.

Webster-Stratton, C. (2001). The incredible years: parents, teachers, and children training series. *Residential Treatment for Children and Youth*, 18, 31-45.

Wilkinson, R. (1996). *Unhealthy societies*. London: Routledge.

Zurabin, S. (1989). The ecology of child abuse and neglect: review of the literature and presentation of data. *Violence and victims*, 4, 101-120.

Appendix 1

Interview Schedule 1 Branches Project Workers

Interview Schedule 1

Branches Project Workers

Warm-up questions

- Tell me about your professional background; how long have you been with Branches?
- What is your previous experience?
- Tell me something about the role you perform in Branches. Is this the same as everyone else or is there a hierarchy of roles in the service?
- What activities do you carry out on a day to day basis?

Branches Project Systems and Process

Introduction and general questions

- Tell me something else about the Branches Project: What are its aims and objectives?
- Targeting families/users
 - Who is the service for?
 - How and why are these people contacted?
 - What is the success rate of targeting? Does the service reach all those who could benefit?
- Referrals
 - Where are referrals received from?
 - What are the criteria for referral into Branches?
 - Who makes a judgement about the children/families that get referred?
 - In your experience, what type of issues do these families normally bring to the table? What do they need help for?
 - Does everyone referred to you get to go through the Branches process?
 - Is the service reaching everybody who could benefit? Give reasons for limitations.
- Ethos
 - What is the ethos of the service?
 - How does it work with families? Does it seek cooperation or confrontation, is it 'therapeutic' in style etc (give me an example of the most common types of relationships you might strike with the families you deal with (Build a typology throughout the course of the study to consider)
 - What is the place of Webster-Stratton's theory in the work of Branches?
 - What does this mean exactly?
- Process
 - Assessment process
 - Tell me about the first time you meet a particular family: What happens?
 - Does any assessment of needs take place?
 - How and when does it take place?
 - Do you think it is important? Why?
 - Who carries the assessment?
 - How often is this repeated throughout the life of the process of involvement with a particular family?
 - Do you have any tools to carry out the assessment of needs that a particular family might present with?

-
- **Planning**
 - Tell me about planning the type of interventions and help that the Branches project might be able to offer a particular family at any given time. Are action plans used?
 - How are they drawn?
 - Does the family take active part in deciding on this plan/aims/objectives/goal setting?
 - **Interventions**
 - We have talked about the type of issues your users tend to present with. What kind of things/interventions can the service offer to deal with these issues?
 - Are all these interventions offered to every user or only to those who might benefit/for whom it is appropriate? (set menu or a la carte)
 - How would you know who might benefit from a particular intervention?
 - Can and do you refer families to other services? Please give examples.
 - **Exit strategy**
 - Is there an exit strategy?
 - What are the criteria for deciding to finish involvement with a family?
 - How do you measure a successful intervention/process of involvement with a family?
 - Is there any form of follow-up?
 - Do people who have been seen by Branches ever come back?
 - Give me an example of a family that has progressed into a positive outcome and one that has not. Could you explore the reasons for these differences?
 - Do you have any idea of the impact leakage in Branches? How many families initially engage 'complete' the course/intervention?
 - **Role of the worker and deployment**
 - How do you all work in this service? Are roles and responsibilities divided?
 - Are you (Branches staff) based at different settings? Does this have any impact on the types of things you are able to do with families?
 - Do you all deal with any case that comes through the door or is there a degree of specialisation among workers?
 - How do you divide the work? Does each of you have their own caseload?
 - How would you describe the role of the worker? (Exploratory: use to build a typology of models such as 'friendly professional', 'adviser', 'mentor', 'teacher'...and check for differences in observation and description of roles during interviews with families).
 - Is there anything else you want to add or, what would you want that could make your job better, more effective? What changes would you introduce or ask for in an ideal world?
 - **[Specific questions for Branches manager]**
 - When/how was the Branches service set up.
 - What was your role in this process?
 - What is your experience with families and children?
 - Tell me something about the ethos of the service.

-
- How was the decision to adopt the Webster-Stratton model reached? What are/could have been the alternatives?
 - What is the catchment area for Branches?
 - How does this service fit in with other family provision in the area?
 - What other services does Branches communicate with, refer to, have partnership agreements with.

Appendix 2

Interview Schedule 2 Branches Users

Interview Schedule 2

Branches Users

These interviews will focus mainly on the experiences of service users. It will also serve the purpose of triangulating service processes - explored with Branches staff - and the outcomes and impact experienced. It will include questions on:

- **Demographic characterisation of the family** (family and environmental factors).
- Family history- Who's living in the house and how are they related to the child/s (age groups (i.e. absent parents?))
- Wider family- Who are considered to be members of the wider family by the child and parents? (Related and non-related people)
- Housing- basic amenities and facilities? (House owning-renting (private or council))
- Employment. Who works and pattern of work. Impact on child? Work/family integration.
- Income-Sufficient? Do financial issues affect child? (i.e. car owning household or not?)
- Family's social integration. Peer groups, friendship and social networks. Importance attached to them. (i.e. well-resourced or not, helping grandparents or not etc.)
- Community resources. Describe facilities and services. (Health, schools, nursery, shops...)

The Branches process

- **Source of referral to Branches**
 - How did family hear about Branches? (School or other service, word of mouth, self-referral etc).
 - What did family expect Branches to be?
 - Did it turn out to meet expectations? (i.e. better or worse? Why?)
 - Data to offer clues about orientation of the users when coming into contact with the service.
- **Reasons for approaching the service: Definition of the problem**
 - What happened? What did X say?
 - Did you want to see Branches or did you think you had to because, say, a teacher asked you to?
 - Not everyone sees a family support worker. What was the 'problem' that led you to see one? (Check for issues related to child's development needs, parental capacity or family and environmental factors; Explore. Anyone in particular or a mixture of all three? Which ones?)
 - Linked to the above section, it aims to establish the source of the 'problem' and whether the definition was made by another professional or the parent. For example, it will ask about the decision to contact or to maintain contact with the Branches Service.
- **Description of process and service-led interventions**
 - Think of the first time you met someone from Branches. What happened?
 - And after that, what did FSW offer you?
 - What did you think at the time?
 - Did you take on the offer?
 - What did this consist of? Explore every single intervention such as:

- group work (types and frequency, duration, details of work done etc);
- -individual help (practical or not);
- -advice and guidance (what type);
- -referral to other sources of information and help (which ones. Did they help?);
- How long have you had 'help' for?
- Is this the kind of thing you expected?

(This section will focus on a description of the range of activities and interventions that take place between the service and the family. Revisit every step of the process described in the interview schedule for Branches staff (assessment, planning, intervention and review) and try to distinguish patterns between groups of service users and the types of interventions deemed useful.

• Impressions and judgements about the usefulness of the service

These set of questions will seek to establish perceptions about the service before and after completion of the 'process cycle' as well as to determine strategies used by the service staff to improve communication and parental involvement in the relationship.

• Impact and 'distance travelled' (on the child and on parenting capacity)

On the child

- Health: growth and development (physical and mental).
- Education: progress and achievement in school, wider range of interests, SEN.
- Emotional and behavioural development: temperament, response to stress, self-control).
- Identity: how does child view him/herself, feelings of belonging and acceptance?
- Family and social relationships: relationship with parents, family and age-appropriate friends.
- Social presentation.
- Self-care skills: competences in skills necessary for independence.

On parenting capacity

- Basic care.
- Ensuring safety.
- Emotional warmth.
- Stimulation: cognitive development through interaction, communication, play, educational opportunities.
- Guidance and boundaries: including problem solving, anger management, consideration for others, effective discipline.
- Stability: including consistency of emotional warmth over time.

Appendix 3

**The Branches Project
Needs, Interventions, Outcomes Framework**

The Branches Project Needs, Interventions, Outcomes Framework

Needs/Problems	Interventions (Same interventions can result in many different outcomes)	Branches Outcomes	Outcomes Framework-Every Child Matters
All interventions may be undertaken directly by Branches staff or indirectly by referral or brokerage			
Summary and categories of provision			
Family Support and Advice			
Early support and advice for parents with any aspect of parenting. It will focus mainly on work with parents, but also direct work with children or other key family members as a holistic approach is taken to supporting children within their families.			
Parenting Group work			
Time limited groups for parents delivered locally and responsive to local need.			
Information resource			
Information resource on parenting for professionals and families.			
Co-ordination of services			
The service will undertake a developmental role in terms of a more effective knitting together of existing parenting support provision in Halton.			
Capacity building			
The service will aim to build on local families and local communities strengths. The groups will encourage local parents to build networks to support each other.			

Child's needs:	Interventions (examples listed)	Child-focused outcomes:	Contribution to outcomes (in bold) and indicators
Behaviour disorders (external) disorders (e.g. conduct problems, antisocial behaviour, offending, attention deficit and hyperactivity disorder, oppositional disorders)	Group-based interventions Webster-Stratton support group Parents R UZ Multiple births group Baby massage We can work it out Residential trips	Emotional and behavioural development including: Improved behaviour Reduction in antisocial behaviour, offending, Reduction of oppositional disorders	Stay safe (safe from crime and anti-social behaviour) Reduction in fear of crime and antisocial behaviour Make a positive contribution (engage in law-abiding behaviour/develop positive relationships) Level of offending Permanent and fixed term exclusions Levels of bullying in last 12 months
Behaviour disorders (internal) (e.g. depression, anxiety and sleep difficulties)	Making changes Coping with kids Parents 2B	Reduction in child depression Reduction in anxiety Improved sleep difficulties	Be healthy (mentally and emotionally healthy) Death rate from suicide Access to CAMHS
Substance misuse (alcohol/drugs/smoking)	Mums matter EAZ support group Especially new mums Let's talk Safety first Survival for parents Time 4U	Substance misuse Primary prevention of substance misuse (alcohol/drugs/smoking) Educational development Increased school readiness Increased educational competence in school years	Be healthy (Healthy lifestyles/choose not to take illegal drugs) Average alcohol consumption Percentage of children who smoke regularly Harm caused by illegal drugs
Poor educational achievement (literacy and numeracy)			Enjoy and achieve (Ready for school/attend and enjoy
School readiness			school/attend and enjoy

early literacy and numeracy skills (such as vocabulary use) educational competence in school years (such as reading and numeracy)	Individual interventions Individual parenting support	school) Level of development reached at the end of foundation stage Half days missed through absence Key stage 1 and 2 results School results at ages 7, 11 and 14
Parental needs: Parenting Skills Poor supervision Poor/inconsistent boundary setting Poor negotiation and communication with the child	Provision of practical help: Carrying a child to school Home visits at appropriate times to deals with specific problems (i.e. early morning, bedtime routines etc.) Mediation between: Estranged parents Parents and services (i.e. school, social services etc.) Advocacy on behalf of families. Chasing and arranging specialist support.	Parent-focused outcomes: Parenting Skills (behavioural aspects of parenting) Improved parenting skills (including supervision, monitoring, negotiation, boundary setting, communication and negotiation) Stay Safe (safe from maltreatment, neglect, violence and sexual exploitation) Registrations on child protection register Make a positive contribution (engage in law-abiding and positive behaviour) Reduce levels of offending Permanent and fixed period exclusions
Parental attitudes Stress Anxiety Feeling of 'not being able to cope'	Counselling support for parents Individual support/reassurance to parents Individual provision of emotional support at crisis points (i.e. custody battle) Accompanying parents to new services, groups and activities (i.e. to help engage parents with the community or initiate the process of recovery)	Attitudes and feelings (attitudes to parenting) Improved views about coping as a parent Decreased parenting stress and anxiety Generic contributions to improvements in all five outcomes
Parental knowledge Lack of/ poor understanding of child development and needs		Knowledge and understanding of child development (cognitive aspects of parenting) Improved knowledge of factual Generic contributions to improvements in all five outcomes, in particular: Be healthy (physically/mentally)

	Appropriate referral to services for parents and signposting	aspects of child care	and emotionally healthy) Infant mortality rate Percentage of obese under 11 year olds Death rate from suicides Improved access to CAMHS
	Appropriate referral to services for children (i.e. specific types of counselling, youth clubs, leisure activities, educational and sport activities etc.)		
	Advice and guidance regarding: Marital problems Child development Work and employment		
Parental emotional health Depression (clinical or not) Parenting distress Poor self-esteem		Emotional/mental health Prevention of depression Enhancing well-being and self-esteem Reduced psychological distress	Generic contribution to improvements in all five outcomes
Parental social networks Social isolation Lack of access to services Lack of knowledge about services	Education (i.e. statementing process for child or educational opportunities for parents) Personal development for parents and children Finance and debt Family law (i.e. cases of divorce, separation, custody battles) Appropriate services for parents and children (parent support groups, local groups for play and leisure activities for children etc.) Personal safety	Social networks Decreased social isolation Increased access to support networks and services	Make a positive contribution (engage in decision making and support the community and environment) Percentage of children participating in school councils and general elections Voluntary and community engagement Achieve economic well-being (live in sustainable communities)
	Appropriate information for parents regarding health and education		
	Observation and assessment of families		
Family relationship needs:		Parent-child focused outcomes:	
Conflicting relationships	Reclassifying a child's need category (i.e. 'child in need', protection register)	Parent-child relationships Improved qualities of family	Be healthy (mentally and emotionally healthy)

<p>Lack of/ poor interaction and communication</p> <p>Child at risk (in need)</p> <p>Poor problem-solving skills</p> <p>Poor negotiation skills</p>	<p>relationships Improved communication; in the family</p> <p>Primary prevention of child abuse and neglect</p>	<p>Death rate from suicide and undetermined injury</p> <p>Stay safe (safe from maltreatment, neglect, violence and sexual exploitation)</p> <p>Re-registrations on child protection register</p>
---	---	---